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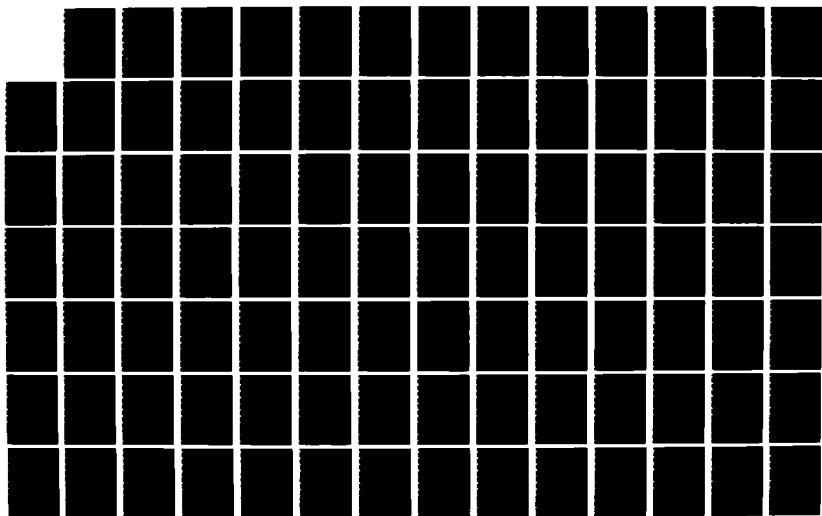
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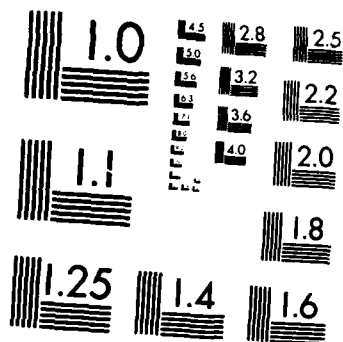
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THE FLORIDA STATE UNIVERSITY
SCHOOL OF SOCIAL WORK

CHARACTERISTICS OF CHILD SEXUAL ABUSE IN THE
UNITED STATES AIR FORCE

by

ALICE POWERS TARPLEY

A Dissertation submitted to the
School of Social Work
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

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CHARACTERISTICS OF CHILD SEXUAL ABUSE
IN THE UNITED STATES AIR FORCE

(Publication No.)

Alice Powers Tarpley, Ph.D.
The Florida State University, 1986

Major Professor: Curtis Krishef, Ph.D

An exploratory study to determine how child sexual abuse was defined at installation Air Force Family Advocacy Programs, characteristics of reported child sexual abuse cases, and differences in cases labeled "suspected" and "established." All 121 Air Force Family Advocacy Officers were mailed questionnaires which addressed the bases' definitions of child sexual abuse and characteristics of cases reported in 1985. Data were collected from 58 bases on 376 cases. Findings indicated that the Family Advocacy Programs lacked a uniform definition of child sexual abuse. Contrary to Air Force regulation, 37% of the programs did not limit services to cases involving abuse by perpetrators who were in caretaker relationships with their victims. Variations in characteristics of cases from those previously reported included: younger ages of victims ($M=8.56$), a higher percentage of male victims (22%), and a high rate of cases

—) initially reported by victims and non-offending parents (66%). At least 25% of isolated incidents of abuse (perpetrated by perpetrators known to victims) involved anal/genital penetration, suggesting a progression of sexually abusive behaviors may not be an essential aspect of case validation. Recommendations for revision of Family Advocacy Program regulations, enhancement of program services, and areas for future research were identified. (—

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Last, but certainly not least, I offer my thanks to my husband, Dave, and daughter, Erin, whose sacrifices enabled me to complete this dissertation and to obtain my Doctor of Philosophy degree.

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Chapter 1

Introduction

Child sexual abuse has been recognized in the last decade as a major societal problem. Child protective service workers nationwide are innundated with child sexual abuse reports (Finkehor, 1979). An estimated 336,000 children experience child sexual abuse each year (Sarafino, 1979). As with the civilian community, the military services have experienced an increasing awareness of this problem in working with 738 cases of established child sexual abuse in fiscal year 1983, and 925 cases in fiscal year 1984 (Department of Defense, 1985).

Efforts to study the incidence and prevelance of child sexual abuse are hampered by the reluctance of those involved in or aware of such abuse to report its occurrence. The use of a wide range of definitions of such abuse in state laws and by various reseachers (Kilpatrick, 1981; Russell, 1984) also contributes to the difficulty. There has been virtually no research done regarding variables which affect whether or not a reported case of child sexual abuse is eventually "substantiated" or found to be a true report (Jason, Andereck, Marks & Tyler, 1982).

This study is designed to address the problem of child

sexual abuse in the United States Air Force, with specific emphasis on the child sexual abuse definitions in use, characteristics of child sexual abuse cases reported in 1985, and differences in substantiated and unsubstantiated cases.

Purpose of the Study

This study had three primary purposes: 1) to determine the definitions of child sexual abuse which are in use among Air Force installations; 2) to determine the nature of selected characteristics (perpetrator and victim age, gender, racial group and relationship; perpetrator marital status, military status and rank; type of abusive behavior; number of abusive incidents; duration of abusive relationship; reporting and interview sources; sequence of interviews; indicators of abuse; and, case status) of the reports of child sexual abuse made to the Family Advocacy Program (the Air Force's program for dealing with child abuse--this program will be discussed shortly); and, 3) to determine if there were statistically significant differences in selected characteristics of these cases between those which were determined to be "suspected" (or unsubstantiated) and "established."

The initial focus of this study was the definitions of child sexual abuse used at various Air Force installations. The Department of the Air Force does not

specifically define the term "child sexual abuse" in the Department's Family Advocacy Program regulation. Rather, "child molestation or abuse" is included as one form of physical injury or emotional disturbance referenced in the regulation's definition of "abuse." Further, the Department of Defense directive, which serves as an overall guide to the family advocacy programs for all branches of the military, fails to define child sexual abuse. The Department of Defense directive instead encourages adoption of the definition in use by the particular state in which a military installation is located. The absence of a uniform definition of child sexual abuse for use by each Air Force installation's Family Advocacy Program, and the resultant reliance on state definitions, potentially complicates a study of child sexual abuse case characteristics. The states' definitions may be non-specific or vary widely in terms of who is considered a victim or perpetrator of such abuse and what acts constitute child sexual abuse. Further, because some Air Force installations are in overseas locations, there may be no applicable state or host nation definition of child sexual abuse.

How an installation has defined child sexual abuse was presumed to directly affect which reports of child sexual abuse were accepted into the family advocacy system and

ultimately labeled as abuse. This in turn was expected to bias findings on trends in characteristics of child sexual abuse cases reported to and managed by the Family Advocacy Program. The study therefore attempted to identify whether there were wide discrepancies within the Air Force Family Advocacy Program regarding the definition of child sexual abuse. Particular emphasis was placed on: the age at which a child was no longer considered a victim of child sexual abuse; requirements that certain familial or societal relationships exist in order for an abusive act to be considered an appropriate child sexual abuse referral; and the types of behavior which were considered sexually abusive.

The second purpose of this study was to identify trends in selected characteristics of child sexual abuse cases reported to Air Force Family Advocacy Programs. Although there has been a recent focus on the incidence and prevalence of child sexual abuse (for example, Finkelhor, 1979; Russell, 1983; Finkelhor, 1984), there has not been a comprehensive study of the reports of child sexual abuse involving military members and their families. Although some limited data on maltreatment of children among the military population have been compiled by the Military Family Resource Center, these data were retrieved from reports from all military services on only

the cases which were ultimately substantiated as true reports. No data were acquired on cases that were reported but subsequently judged to be "unfounded," and no data were collected from Air Force cases in which there was suspicion that abuse occurred, even though a report was not determined to be established.

This study served to identify trends in selected characteristics of child sexual abuse cases which involved Air Force personnel and families. The pertinent case characteristics included those which have been frequently reported in literature on civilian child sexual abuse cases. This enabled comparison of findings on Air Force child sexual abuse cases to those reported and discussed within the larger society.

The final focus of the study addressed differences in child sexual abuse cases which have been determined to be unsubstantiated and established. Studies have recently suggested that there may be biases not only in who is reported as a child abuser, but also in who is subsequently labeled by the intervening system as an abuser (Jason, Andereck, and Marks, 1982; Finkelhor and Hotaling, 1984). This study attempted to identify whether trends existed in the characteristics of the individuals who perpetrated or were victims in an "established" case of child sexual abuse. It also addressed the question of

whether or not other characteristics of a reported case appeared to be associated with substantiation or non-substantiation of the report.

An analysis of the difference in characteristics of substantiated and non-substantiated cases is important in order to begin to approach an accurate epidemiological analysis of child sexual abuse. As Jason, Andereck and Marks (1982a:1354) identify, "Since ruled-out cases are assumed to represent cases reported incorrectly to the surveillance system, any characteristic as prevalent in this group as in the confirmed group is therefore associated with being reported, not necessarily with being abused. In this case, it cannot be determined whether or not this characteristic is associated with increased risk of being abused or just increased risk of being reported. Increased risk of abuse is associated with a characteristic only when a characteristic is more prevalent in confirmed cases than in ruled-out cases." Therefore, identification of characteristics of "ruled-out" cases is essential to enable comparison with established cases so that characteristics which increase one's risk to sexually abuse or be abused can be identified and differentiated from characteristics which simply increase one's chance of being reported as involved in child sexual abuse.

Background for the Study

A study which attempts to research the nature of child sexual abuse reported in a population relies heavily on the definition of what is considered to be child sexual abuse. The following section will review the variety of definitions in use today and will propose the definition to be utilized for this study; this will be followed by definitions of terms frequently used in this study. The remainder of the chapter will include brief historical overviews of child sexual abuse, the inception of child protective services, and a historical overview of child protective services in the military.

Definitions of Child Sexual Abuse.

Russell (1983b:133) identifies that "There is no consensus among researchers and practitioners about what sex acts constitute sexual abuse, what age defines a child, nor even whether the concept of child sexual abuse is preferable to others such as sexual victimization, sexual exploitation, sexual assault, sexual misuse, child molestation, sexual maltreatment, or child rape."

Besharov (1981:384) charges that "existing definitions often fail to meet research needs" because they lack:

- 1) comparability (due to the differences in the nature of definitions used);
- 2) reliability (due to the non-measurable terms used in definitions); and
- 3)

taxonomic delineation (due to the wide range of behaviors lumped under the term "abuse").

Finkelhor (1979) uses the term "sexual victimization" to describe sexual experiences between a child and someone who is at least five years older than the child. Included in this notion of sexual experience is exhibitionism and requests to participate in sexual acts.

Brown (1979:436) defines sexual misuse as "exposure of a child to sexual stimulation inappropriate for the child's age, level of psychosexual development and role in the family".

Sgroi, Blick, and Porter (1982:9) define sexual abuse as "a sexual act imposed on a child who lacks emotional, maturational, and cognitive development." This definition encompasses acts ranging from adult nudity around children to intercourse.

Russell (1984:180-181) chooses to distinguish between extrafamilial child sexual abuse ("One or more unwanted sexual experiences with persons unrelated by blood or marriage, ranging from attempted petting--touching of breasts or genitals or attempts at such touching--to rape, before the victim turned fourteen years, and completed or attempted forcible rape experiences from the ages of fourteen to seventeen, inclusive") and incestuous child abuse ("Any kind of exploitive sexual contact or attempted

sexual contact, that occurred between relatives, no matter how distant the relationship, before the victim turned eighteen years old."). Russell's definition does not exclude peers or abuse by another child who is younger than the victim.

Federal and state statutes offer little assistance in providing a standardized definition. Frazer (1981) noted that only thirteen states had attempted to define sexual abuse. The remaining states have failed to specifically define child sexual abuse but have required that these cases be reported as a form of "physical abuse."

For the purposes of this study, the definition of child sexual abuse most appropriate to use would be that offered by the Department of the Air Force in its Family Advocacy Program regulation (Department of the Air Force, 1981). However, as previously indicated, such a definition does not exist. The Department of Defense directive (Department of Defense, 1981), which serves as a parent regulation to the Air Force Family Advocacy Program regulation, also fails to define child sexual abuse, opting instead to refer individual military installations to the statutes of the state in which the installation is located.

Therefore, in order to have a uniform definition which could be used throughout this study, the definition

offered by the National Center on Child Abuse and Neglect was utilized (1981:1). This definition suggests that child sexual abuse is "contact or interaction between a child (one who is under the age of 18) and an adult when the child is being used for the sexual stimulation of that adult or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the abuser is in a position of power or control over the child." This definition recognizes as sexual abuse acts which do not involve actual contact, sexual experiences perpetrated with siblings, and abuse perpetrated by people other than parents or caretakers. Further reference in this study to the term "child sexual abuse" will utilize this definition, unless otherwise qualified by authors whose literature is under discussion.

Other Definitions of Terms Used

The following is a brief identification of definitions of other key terms used in this study.

1. Air Force Family Advocacy Program: "The Air Force-wide program developed and designed to identify, prevent, and treat those consequences of child abuse and neglect and spouse abuse and to provide other necessary medical and nonmedical services for victims and perpetrators of child abuse or neglect and spouse abuse."

(Department of the Air Force, 1981;para Alh). This program will be discussed in greater detail in Chapter 3.

2. Child Advocacy Program. "That part of the Air Force Family Advocacy Program that deals with child abuse or neglect." (Department of the Air Force, 1981, paragraph Ali).

3. Child Advocacy Committee: "A multidisciplinary team of designated individuals, working on the installation level, tasked with the evaluation and determination of maltreatment cases and the submission and coordination of treatment and disposition recommendations." (Department of Defense, 1981;2 para 7).

4. Family Advocacy Officer (FAO): "A designated officer to manage, monitor and provide staff supervision of the Family Advocacy Program at the local level." (Department of Defense, 1981; 2 paragraph 14).

5. Categorical status of child sexual abuse cases which are determined by the Child Advocacy Committee for each allegation of child sexual abuse, following investigation of the case and the review of the investigation findings by the committee:

a. suspected: This term is not specifically defined by the Department of the Air Force. Rather, the Air Force has combined within the meaning of "suspected" those case categories of "unfounded", "alleged" and

"suspected" as they are defined by the Department of Defense. For this study, the category of "suspected" child sexual abuse refers to any case in which allegations of child sexual abuse were made, although the Child Advocacy Committee determined that there was insufficient evidence to label the case as "established" abuse. This category included cases which were determined to be unfounded, as well as cases in which evidence suggested that abuse occurred, yet the evidence was insufficient to support substantiation of the report.

b. established: "After thorough investigation and evaluation by either (the Child Advocacy Committee) or another official body (such as court or civilian child protection service agency) that the evidence in a particular case substantiates the belief that maltreatment did occur." (Department of Defense, 1981; 2 para 15d).

6. child: this term generally refers to males and females under the age of 18. However, when referring to children who will be the subjects of this study, persons age 18 or over are also included if they have a physical or mental condition which is sufficiently incapacitating to make them eligible for treatment at a medical facility of the military services. Such conditions typically include handicaps which would prevent the individual from being capable of living outside of parental or

institutional custody.

7. caretaker: the individual responsible for the health and welfare of a child. This term includes individuals who have such responsibility permanently, such as parents or guardians, and those who have such responsibility on a temporary basis, such as neighbors, siblings, or other relatives who are charged with caring for a child for a specified period, babysitters, and day care, nursery, or school personnel.

8. installation: This term refers to the geographical area designated as a military base, post, site, or facility, and the community which exists within that area to accomplish and support military missions. This community involves civilian and active duty personnel with responsibilities for military duties or support activities, and the spouses and children of the active duty personnel. The installation community also includes spouses and children (and others who were granted "dependency" status) of Air Force personnel who live outside the geographical bounds of the installation.

9. perpetrator: the individual who initiates behavior considered to be sexually abusive to children.

Historical Overview of the Problem of Child Sexual Abuse

Mrazek (1981:5) notes that "While sexual abuse of children has existed throughout history and across

cultures, whether such behavior was conceived of and defined as abuse has been dependent on the societal values of the particular period."

Children have historically been regarded as property (James, 1975). Ancient Jewish law allowed the father to give permission for a man to have intercourse with his daughter, and thereby betroth her, provided she was at least "three years and one day". old (Kilpatrick, 1982). The Bible also considered a child to be property and regarded rape of an unbetrothed girl without her father's permission as a crime against another man's property (Rush, 1980). Boy brothels were common to every Roman city; castration of boys and anal intercourse between teacher and pupil was not unusual; and use of slave children for sexual gratification was approved of by the community in ancient Roman times (Mrazek, 1981). Sexual relations between key historical figures and their daughters went unpunished (Rush, 1980).

In the 17th Century, the Roman Catholic Church took a stand against adult-child sexual relations. Although such acts were not considered criminal offenses, they were handled through the Ecclesiastical courts (Mrazek, 1981).

As late as the 1800s and early 1900s, because parents perceived that they had a responsibility for their

children's sexuality, there was "a frenzy of antimasturbation efforts" which included mutilating surgery such as cauterization of the clitoris and penis, use of chastity belts and use of terror therapy (Kilpatrick, 1982).

Freud is credited with bringing the subject of child sexual abuse "out of the total darkness of the Victorian era into the arena of contemporary scientific discussion" (Finkelhor, 1979:8). Freud suggested that many of his female patients' problems were rooted in early childhood sexual trauma. Under pressure from his peers, however, Freud later changed his emphasis from sexual abuse to Oedipal fantasies in order to explain these problems (Finkelhor, 1979).

In the 1930s and 1940s, several gruesome sex-related murders of children led to a public outcry against child molesters. Commissions were established in several states to study the problem and make recommendations for legislation. The laws which were passed generally addressed a wide variety of sex crimes, but tended to focus on child sexual abuse as a problem, primarily of the molestation of children by strangers (Finkelhor, 1979).

Around this period, liberal professionals were active in seeking sexual reforms, such as greater availability of contraceptives, improved sex education, and increased

permissiveness regarding erotic literature, childhood sexual exploration, and consensual sexual actions (Finkelhor, 1979). Because these professionals feared that their reform efforts would be hampered by concerns over child molestation, they tended to downplay the extent of child sexual abuse and avoided research in this area. Finkelhor (1979) asserts that this avoidance resulted in the issue of child sexual abuse being "shelved" for the following twenty years.

One example of the de-emphasis of research findings in the area of child sexual abuse is evident in Kinsey, Pomeroy, Martin, and Gebhard's (1953) famous study of the sexual behavior of almost 6000 white, middle class women. This study resulted in the finding that "child molesting, sexual abuse, and incest were far more widespread than anyone had previously been able to show" (Finkelhor, 1979:9). However, Kinsey de-emphasized his findings by questioning why children should be bothered by such experiences and by suggesting that one of the reasons the abuse occurred repeatedly was because the child enjoyed and sought out the activity (Kinsey et al., 1953).

Since the 1960s, when the concept of the Battered Child Syndrome was coined, there has been increasing attention paid to the problems of child abuse and neglect. Child sexual abuse, however, has been one of the last

facets of abusive behavior toward children to be officially addressed (Kempe and Kempe, 1984). It has only been in the last ten years that this problem has been a true focus of attention (Rush, 1980). This focus has resulted in initiation of laws in every state which prohibit sexual abuse of children (however it is defined).

Mrazek (1981) contends that attitudinal change regarding sex is cyclic. He suggests that attitudes regarding sexual abuse of children have progressed from a time when it was considered normal behavior (ancient Jewish and Roman periods), to a time when it was considered immoral (17th Century Roman Catholic law), to a period in which it was viewed as criminal behavior. Only recently has it been viewed as pathological. He further suggests that the next step will entail child sexual abuse being perceived as normal behavior.

Historical Overview of Child Protective Services Pertaining to Child Sexual Abuse

Although the need for services for abused and neglected children was identified by 1875, and society began to develop services to address this need soon afterward, the states approached provision of these services in widely diverse manners. States frequently had either numerous state and voluntary agencies, or no services at all. In 1960, at the Golden Anniversary White

House Conference on Children and Youth, the states were encouraged to charge a specific social agency with receiving complaints of abuse and neglect, and with providing services to the child and family. In 1962, amendments to the Social Security Act required each state to provide protective services statewide (Kadushin, 1980).

Many of the states responded to this mandate by providing "nonspecific family services in the context of a financial assistance setting" (Kadushin, 1980:155). Voluntary agencies which previously offered protective services began to withdraw from this area and local public welfare offices frequently became the office of responsibility for protective services.

In 1971, a Senate Subcommittee on Children and Youth was established which assumed the task of addressing the federal role in the identification, prevention, and treatment of the abuse and neglect of children. The result of this effort was the Child Abuse Prevention and Treatment Act of 1974 (Public Law 93-247). This act accomplished three things: created the National Center on Child Abuse and Neglect, which was tasked with doing research and training in the area of child abuse and neglect, in addition to providing an information clearinghouse; developed a program of grants and contracts for demonstration projects aimed at preventing,

identifying, and treating child abuse and neglect; and required states to adopt procedures for the prevention, identification, and treatment of child maltreatment in order to continue to receive federal funds under the applicable section of the Social Security Act (Hoffman, 1979). Among the requirements for the federal funds were these rules: each state had to provide all children under eighteen with protection from mental, physical, and sexual abuse and neglect; states had to provide for reporting of known and suspected cases of abuse and neglect, and to provide immunity from liability for those making reports; each state had to provide prompt investigation of reports, and to provide immediate steps necessary to ensure a child's safety (Kadushin, 1980; National Center on Child Abuse and Neglect, 1981a). By 1978, all fifty states provided protective services and most met the other requirements for federal funding (Kadushin, 1980).

It is through the child protective service system that services are provided for sexually abused children (National Center on Child Abuse and Neglect, 1981b). Increasing pressure has been placed on these protective service units to address child sexual abuse within the last decade. This has been a result of the emergence of the women's movement, the identification of the issue of sexual abuse from the woman's perspective (Rush, 1980),

and the fact that child protection lobbyists have become champions of this problem (Finkelhor, 1979).

It is important to note, however, that although each state protective service agency provides services in the area of child sexual abuse, types of services vary amongst the states, as do the children who are considered eligible for these services. Most states limit the protective service function to children who have been abused by a caretaker (Finkelhor, 1984), and the states vary as to how old one can be and still be considered a victim of child sexual abuse (National Center on Child Abuse and Neglect, 1981b; Russell, 1983a).

Child Protective Services in the Military

Individuals in the military services began to recognize a need for countermeasures to child abuse and neglect in the 1960s and 1970s. Efforts were made to assess the incidence of abuse and neglect among the military population. These efforts were based on limited data and experience, however, and resulted in findings that military families abused at rates either similar to or as high as four times as often as civilian families (Bowen, 1984).

The first efforts to address child abuse and neglect in the military were aimed primarily at the medical needs of the victimized child, and on punishment of the abuser.

However, in time, those who initiated such efforts began to recognize a need for a more comprehensive approach to the problem. Therefore, some individual bases began to develop programs at a local level to combat child maltreatment (Bowen, 1984).

As late as 1974, despite the efforts at a few military installations, child protective services in the military were considered "essentially non-existent" (National Center on Child Abuse and Neglect, 1980a). Explanations as to why the military was so slow in responding to the need for such programs included the fact that bases were so scattered that the military had a fragmented perspective of the problem and that the service commanders did not initially see child maltreatment as posing a threat to the military's operations (National Center on Child Abuse and Neglect, 1980a).

In March 1973, representatives from the military services and members of the military section of the American Academy of Pediatricians recommended that the Department of Defense "implement a department-wide program to improve the recognition, management, and prevention of child maltreatment in the military" (Comptroller General Report, 1979:9). In June 1974, the American Medical Association had a conference on child abuse in the military. From this conference came a recommendation that

a group of experts be formed to make recommendations on how to implement identification, treatment, and prevention programs in the military. Both the American Academy of Pediatrics and the American Medical Association groups recommended that a Department of Defense policy be developed to assist the services to acquire consistency in their efforts at child protection programs. It was also suggested that a central registry be developed for the military as a whole. However, the individual services opted instead to develop their own programs (Comptroller General Report, 1979).

In January 1975, a Tri-Service Child Advocacy Working Group was formed to carry out what the Assistant Secretary of Defense for Health Affairs saw as a role of monitoring the existing programs (Bowen, 1982). The individual services then had incentive to officially develop regulations which could be used as overall guidance for the local installations in developing child abuse and neglect programs. The Air Force first came out with a child advocacy regulation in April 1975, the Army followed in November 1975, and the Navy's instruction was completed in February 1976. The Comptroller General's report (1979:2) said of the services, that "In establishing these programs, they recognized that the quality of a service member's family life can affect

performance, which can in turn affect the morale and discipline of the command. Therefore, attending to the health, safety and social development of children of military families should be a concern of commanders at all levels. Further, it was recognized that incidents involving brutality, insensitivity, and neglect reflect unfavorably on all members of the military."

The General Accounting Office was tasked with evaluating the services' programs in the years after their initiation. Selected bases from each of the three services were visited by a team which evaluated the child advocacy program of that installation. This study resulted in the Comptroller General's 1979 Report: "Military Child Advocacy Programs--Victims of Neglect." Although the report indicated that continuation of the programs was justified, serious problems were noted in the services' inconsistent policies regarding: placement of the program in the organizational structure of the services, how a child was defined (definitions varied by age), and the organization and management of the programs at the installation level. Additionally, problems were noted in the programs' lack of direct funding, inadequate manning to operate the programs and inconsistent and ineffective reporting systems. The report recommended:

- 1) that the Department of Defense provide guidance on

the organization and structure of the services' child advocacy programs;

2) that the Department of Defense provide guidance on how installations should coordinate with civilian social welfare organizations;

3) that greater priority and resources be directed to the programs' education and training efforts (also, that these efforts should be directed at all sectors of the military community and that they include procedures on how to proceed with reports received);

4) that staffing for the programs be increased;

5) that a Department of Defense level group be formed to work on standardizing the services' guidelines, develop education and training material, and communication with individual installations (Comptroller General Report, 1979).

The Comptroller General's report led to efforts on the part of the Tri-Service Child Advocacy Working Group to draft a Department of Defense directive establishing overall guidance for the services' program operation. This directive (the Department of Defense Directive 6400.1, 19 May 1981, Family Advocacy Program) became effective in May 1981. It expanded the focus of the program to include spousal maltreatment. The Department of Defense directive, in turn, resulted in each of the

three services' revisions of their original programs with the end result being the Family Advocacy Programs which are in existence today. (See Chapter 3 for a discussion of the Department of Defense directive and the Air Force's Family Advocacy Program regulation.)

Significance of the Study

This study has contemporary relevance because it attempted to explore areas relatively unaddressed by previous research: specific definitions of child sexual abuse utilized at various Air Force installations and the nature of both established and unsubstantiated child sexual abuse reports made to the Air Force Family Advocacy Program.

The issue of definitions of child sexual abuse used at installations must be addressed so that potential biases in data on Air Force child sexual abuse cases can be identified, and so that inconsistencies within the Air Force Family Advocacy Program can be recognized and addressed. Further, because these definitions reflect the influence of numerous state and foreign nations/ territories, these data can serve as gauges to variations in child sexual abuse definitions used on a broad geographical scale. The Air Force afforded a unique opportunity for such a study as it enabled a survey to be undertaken of individuals who work with child sexual abuse

cases in virtually every state and territory and in many foreign countries.

The latter issue (the study of the characteristics of child sexual abuse reports made to the Air Force) is significant because it afforded the opportunity to identify trends in a wide spectrum of child sexual abuse cases reported to the Air Force. Previous efforts to study characteristics of Air Force Child sexual abuse cases have been limited to a narrow range of characteristics and have failed to consider unfounded or "suspected only" cases.

The study also adds to the knowledge regarding specific characteristics of child sexual abuse cases. Finkelhor and Hotaling (1984) have recommended that future research on the characteristics of cases reported gather data which include: 1) more detailed information on the sexual activities engaged in (a checklist of possible sexual activities is suggested to accomplish this); 2) the age at which abuse first occurred (in order to identify risk areas); and 3) the way in which the abuse became known (to identify populations which underreport and to suggest possible reporting biases). This study incorporated these items in the data collected from each installation.

Further, although the remaining focus of the study

(differences in characteristics of cases considered substantiated and unsubstantiated) has been previously researched (for example, Jason, Andereck, and Marks, 1982), this study was more comprehensive in terms of the geographical areas covered and the case variables studied. Additionally, it attempted to ensure that data were consistently collected on the characteristics of interest.

Research in this area is important to enable the identification of risk factors which are highly associated with "known" cases of child sexual abuse so that efforts can be focused on populations identified to have these risk factors. Additionally, comparison of trends in case characteristics of the unsubstantiated and substantiated cases with the characteristics of the population at large may suggest biases in who is reported for child sexual abuse, who is actually labeled as "child sex abusers" or "victims of child sexual abuse", and in behaviors and situations professionals consider to be sexual abuse. Identification of these biases is important to approaching an accurate epidemiological analysis of child sexual abuse cases.

Distinct differences in cases which were established, versus those which are not, could also serve as a gauge by which protective service workers could assess whether they are successfully validating those cases which closely

resemble those in the "established" group.

Differences in these categories also serve to suggest victim populations which are relatively neglected in terms of reports of child sexual abuse (for example, older children); such information could be used as a basis for research as to whether these populations are actually less abused or just less reported (Jason, Andereck, and Marks, 1982). Finally, data on categorical differences also help identify sources of child sexual abuse reports which have relatively low frequency of reporting, but high substantiation rates (for example, in civilian studies, this applies to physicians); such findings in turn suggest reporting sources which should be encouraged to increase participation (Jason, Andereck, and Marks, 1982).

Significance for the Military

McCullah (1978:33) notes that "The most significant percentage of a military leader's time will be spent with personnel problems, thus detracting from available energy and time for technical, operational matters . . . family stresses among military personnel can compromise our nation's defense posture." This statement reflects the military's philosophy that the quality of a military member's family life is important to that member's operational effectiveness.

VanVranken and Benson (1978:209) note that "The

underlying issue is no longer whether the military organization has a responsibility to provide family support services, but rather, what should be the extent of these services, which methods of service delivery most adequately meet the needs of the military family, and how does the military family perceive existing services."

If it is assumed that child sexual abuse is a stress upon family life, the argument logically follows that support services are necessary to prevent, identify and treat this problem among the military community . This study was designed to assist the Department of the Air Force in the implementation of these services in the following ways:

1. Identification of the differences in definitions of child sexual abuse at the various installations is essential to a review of findings based on aggregated cases of child sexual abuse. Significant variation in definitions (from those which define child sexual abuse in narrow, restrictive terms versus broad inclusive terms) would be expected to skew findings on the incidence of abuse and on the actual characteristics of cases. If there are significant variations in definitions used (as might be expected if individual installations actually use their host state's definition), the need for policy review regarding how child sexual abuse is to be defined may be

suggested to ensure consistency within the Department of the Air Force regarding child sexual abuse cases.

2. The identification of the actual extent of child sexual abuse reporting at the installation level provides the Air Force with gauges by which to estimate the need for investigative and interventive services in this area and for training of individuals likely to be involved with the reported cases.

3. The identification of the characteristics of those individuals who are most likely to abuse and to be abused serves to identify target groups for which preventative and intervention services may be most appropriate. This contributes to efficient use of resources available to deal with family advocacy matters.

4. As previously indicated, identification of differences in the characteristics of cases considered "suspected" and "established" should serve as a gauge against which family advocacy personnel could assess whether their particular community is successfully validating cases for which services are apparently appropriate. Assuming that labeling a case report as "established" provides the basis for interventions to protect the victim and to prevent further abuse by the perpetrator, such validation is an essential step in ensuring that those in need of services do in fact receive

them.

Significance for Social Work

Child welfare services, or those services which help to prevent or resolve problem situations encountered by children, are clearly recognized as being within the social work domain (Condie, Hanson, Lang, Moss & Kane, 1978; Kadushin, 1980). Child protective services, or the specialized area of child welfare which provides services to children experiencing child maltreatment, is a major employment arena "in which social workers may be said to substantially lead, manage, guide and control the system for which they are responsible" (Morris and Anderson, 1975:160).

Because child protective services are considered an integral facet of the social work domain, research which contributes to knowledge regarding an important component of protective services is therefore significant to social work as a field. Social workers have repeatedly been encouraged to strengthen the knowledge base in their fields of practice (Goldstein, 1979). This study attempted to contribute to this knowledge base by providing an exploratory look at areas not previously researched and by building on and expanding preliminary efforts in this area.

Chapter 2

Review of the Literature

The following sections review the literature pertinent to this study. First, research related to the extent of child sexual abuse in our society will be discussed, with a focus on prevalence and incidence studies and on the issues which affect their interpretation. Next, the trends in characteristics of identified child sexual abuse cases will be reviewed. This will be followed by a brief review of literature related to substantiation of child sexual abuse cases and to underreporting in this area. Lastly, literature related to child abuse in the military in contrast to the civilian community will be summarized. The chapter will close with a discussion on how the reviewed literature relates to this particular study.

Extensiveness of Child Sexual Abuse

Russell (1983a) distinguishes between prevalence and incidence studies of the extensiveness of child sexual abuse. The former focuses on the percentage of children who are sexually abused and is frequently accomplished through surveys of adults regarding their histories of any abusive experiences they had as children. The latter

addresses the number of cases which occurred in a specified period of time (usually a calendar year) in a designated population.

Before addressing literature on these two focuses, however, it is important to consider issues which bear on their interpretation.

Issues Which Bear Upon Study Interpretations

In attempting to compare studies reporting on the extent of child sexual abuse, one must consider the impact that the following variables and biases can have on study comparability:

- 1) Definition of child sexual abuse: There seems to be little consensus as to what constitutes a definition of child sexual abuse (Russell, 1983a). Most states have avoided a specific definition of it, in favor of mentioning it in reporting laws as a form of physical abuse (Frazer, 1981). These variations in definition result in data skewed to the definition used by those submitting (as in the case of child protective service workers' submission of case information to state registries) and/or those collecting data (as in the case of researchers who employ survey techniques). Among the points on which definitions can vary are:

- a. Type of sexual behavior: Studies differ in the types of sexual behavior for which data are collected

(Russell, 1983a). For example, Finkelhor (1979) included exhibitionism and requests for sexual acts in the types of behavior on which respondents reported, while Russell (1983a) used sexual contact as her focus for data collection.

b. Age of victim: Laws vary as to the age of the child who will be considered a victim of child sexual abuse (Russell, 1983a). For example, Russell (1983a) used California law in her survey, focusing on acts committed with girls thirteen years old or less.

c. Caretaker status: Many sources of data on the incidence of child sexual abuse limit their services to cases in which abuse of a child is perpetrated by an adult in a caretaker status (Russell, 1984; Finkelhor and Hotaling, 1984). These data discount abuse by strangers, non-caretaker relatives, most siblings, neighbors, and peers.

2) Gender of victim: Few studies have been done which address the extensiveness of sexual abuse of boys (Finkelhor, 1984).

3) Degree of relationship between perpetrator and victim: Studies which limit themselves to using a definition of incest vary as to which relationships are to be included; for example, whether adult cousins or parents by marriage are included (National Center on Child Abuse

and Neglect, 1981b).

4) Populations studied: Currently, knowledge available pertaining to child sexual abuse tends to come from researchers who have focused on offenders (who are frequently in prison or other institutional settings), or on families (which are generally involved in father or father figure/daughter sexual abuse). The population under study skews data in favor of characteristics of that population and has questionable generalizability to the population of offenders and/or victims as a whole (Finkelhor, 1984).

5) Lack of control groups: Few studies attempt to show that characteristics attributed to those perpetrators and victims who are identified as being involved in child sexual abuse are different from those of their peers (Meiselman, 1978).

6) Non-random samples: Findings based on non-random samples are biased by the potential variations in the people who will and will not participate in the study, as well as the characteristics specific to the population chosen for study--for example, college students, prisoners, or hospital-based samples (Meiselman, 1978; Jason, Williams, Burton and Roxhat, 1982; Russell, 1983b).

7) Small samples: Many studies are based on small numbers of cases (less than 30) and are therefore of

questionable generalizability to the child sexual abuse population as a whole (Kilpatrick, 1982; Jason, Williams, Burton, and Rochat, 1982).

8) Who reports: Most reports of child sexual abuse are made by law enforcement, social service, school and medical personnel (Meiselman, 1978). Failure to report is considered to be fairly common among professionals who are mandated to report (Finkelhor, 1984), and child sexual abuse is vastly underreported by those involved in it (Faller, 1984). The clients of the individuals who report most frequently tend to be in lower socioeconomic groups and therefore skew the data, such that there is an overrepresentation of lower socioeconomic groups (Banderman & Beavers, 1978; Williams, 1978).

In summary, it is currently difficult for reporting systems and researchers to provide precise data on the prevalence and incidence of child sexual abuse because of varying definitions of child sexual abuse in use, biases in the populations studied, and the vast underreporting by those involved in and aware of child sexual abuse cases.

Prevalence Studies

Meiselman (1978:27) reports that the first "scientifically oriented attempts to study cases of overt incest were made in the late nineteenth century." These involved physician's publications of case histories.

Accounts of child sexual abuse did not appear with any regularity in the professional literature until the 1950s. Most prevalence studies have focused on girls, although there are a limited number of studies pertaining to male victims.

Sexual abuse of girls. In his survey of over 5900 white females, Kinsey, et al. (1953), found that 24% of the 4441 who gave data in this area reported having had some history of sexual advances made toward them or of sexual contacts as children. These findings reflected experiences of pre-adolescent females with males who were at least five years older than the victims. Kinsey estimated a prevalence of one incident of child-adult coitus for every 1,000 females.

Finkelhor surveyed 796 college students regarding their histories of childhood sexual experiences with relatives or other persons who were at least five years older than the child. Of the 530 female respondents, 19.2% ($n=119$) reported such experiences. Approximately 11.3% of the respondents were sexually abused by adult partners, 5.7% by adolescent partners at least five years older, and 3.8% were adolescents sexually victimized by adult partners at least ten years older.

Russell (1983b) reports that her 1978 random survey of 930 female residents of San Francisco was the first

prevalence study done using representative samples of subjects. She used as a definition of abuse, sexual contact prior to the age of fourteen, although she did collect data on incidents occurring between the ages of fourteen and eighteen as well. She found that 16% of the sample had at least one intrafamilial experience prior to the age eighteen (12% before age 14); 31% had at least one experience of abuse by non-relatives before reaching 18 (29% before age 14), for a total of 38% of women experiencing inter or intrafamilial sexual abuse before reaching age 18, and 28% experiencing such abuse before 14.

Russell (1983a:145) concluded "Assuming that the findings are indicative of the prevalence of child sexual abuse in other areas, this means that over one-quarter of the population of female children have experienced sexual abuse before the age of 14, and well over one-third have had such experiences by the age of 18 years."

Kercher and McShane (1984) report on a survey conducted among 2000 holders of Texas drivers licenses. One of the questions asked of respondents was "As a child, were you ever sexually abused?" ("Sexually abused" was not defined.) The respondents who reported victimization were divided into categories by gender and race/ethnicity. The number of victims in each group and the victimization

rate per 100 for this group (given in parentheses) was as follows: white females, $\underline{n}=49$ (9.8); black females, $\underline{n}=3$ (10.4); Hispanic females, $\underline{n}=12$ (21.7); and, "other" females, $\underline{n}=1$ (16.6).

Sexual abuse of boys. Kinsey, Pomeroy, and Martin (1948) interviewed 12,214 males regarding sexual behavior.

They found that approximately 57% reported a history of some sort of "sex play" with others before adolescence. Kinsey, et al. (1948) reported that most of the "play" took place with peers, although there were "some" cases involving adult females and "still more" cases which involved adult males. Because these data were not systematically collected, frequency of contacts with adults could not be calculated.

Finkelhor's survey of 796 college students revealed 8.6% ($\underline{n}=23$) of the 266 male respondents had childhood sexual experiences with relatives or others (who were at least five years older). These sexual experiences were with adults (4.1%), adolescent partners at least five years older (2.3%), or adult partners at least ten years older in the cases of young adolescent victims (2.3%).

Finkelhor (1984) interviewed 185 fathers of children in Boston who were identified through an area probability sample. Of these men, 6% said they had been sexually abused prior to age 17 by someone at least five years

older, and 3.2% of the total sample reported such an experience before age 13.

The Kercher and McShane report on the Texas drivers license holder survey (1984) revealed the following number of victims (and victimization rate per 100) for each of the following groups: white males, n=12 (3.4); black males, n=1 (3.0); and Hispanic males, n=1 (1.6).

Incidence Studies

Incidence studies have historically been accomplished primarily by hospitals, child protective service units, and medical providers. In the last decade, with the passage of the 1974 Child Abuse and Neglect Prevention Act, and the resultant emphasis on state central registries and the development of the National Study of Child Neglect and Abuse Reporting, statistics are also increasingly available on the national incidence of reported cases.

Of particular importance in the review of incidence studies is the need to keep in mind that these data are based on reported cases, which may differ from those not reported. Finkelhor and Hotaling (1984:24) point out that there are five levels of knowledge regarding cases of child sexual abuse. These are:

Level 1: Cases known to child protective services.

Level 2: Cases known to other investigatory agencies such as the police, but not known to child protective

services.

Level 3: Cases known to professionals, but not officially reported to child protective services or any investigatory agency.

Level 4: Cases known to individuals in the community other than the child and perpetrator, but not known to any professional.

Level 5: Cases known only to the child and perpetrator.

The following incidence studies focus on Levels One and Two.

Additionally, when comparing incidence rates over periods of time, it should be noted that child sexual abuse is "probably not on the increase, but rather we are seeing the effects of better detection and reporting. Mandatory sex abuse reporting laws, child abuse hot lines, growing public and professional awareness of the problem, and a general easing of societal prohibitions against talking about the topic--all these have contributed to better detection" (Geiser, 1979:46).

Studies which address the incidence of child sexual abuse include those summarized below.

1) In 1962, Weiner estimated that the incidence of sexual abuse was between one and five cases per million population worldwide, in *Excerpta Criminologica* 4:607,

1962 (Ferracuti, 1972).

2) National Study on Child Neglect and Abuse Reporting-1978 (National Center on Child Abuse and Neglect, 1980c): There were 6,078 cases of substantiated child sexual abuse in 1978, which reflects 15% of the total number of cases of substantiated abuse. (Given 60 million children in the United States, this is an incidence rate of approximately 10 cases per every 100,000 children.)

3) Jason, Williams, Burton, and RoCHAT (1982): The authors reviewed data submitted to the Georgia State Central Registry from July 1975 through December 1979. These data represented summary data for each case reported to the child protective service unit. The reports distinguish between cases which were confirmed, non-confirmed (but suspicion remained) and ruled out. The authors identified 735 cases of confirmed child sexual abuse. This total represented 17% of the confirmed cases.

The authors concluded that the incidence rate of sexual abuse for boys was 1.7 per 100,000 (47 per 100,000 for physical abuse) and 18.4 per 100,000 for girls (47.2 per 100,000 for physical abuse of girls).

4) Sarafino (1979) analyzed the 2,324 cases of child sexual abuse reported in one year in Brooklyn, Connecticut, Minneapolis and Washinton, DC. Using these

data, the combined rate of sexual offenses against children was determined to be 122.5 per 100,000. Sarafino estimated from this number of reported cases in the four specified locales, that the nationwide total of reported cases should be approximately 74,725. Assuming that the number of unreported offenses is three to four times larger than the reported number, he estimated a national incidence of 336,200 actual offenses against children annually.

Besharov (1981:384) concludes that "The ambiguity that surrounds incidence studies . . . has prevented agreement about the nature and severity of the problem and about the consequent need for remedial action." However, Finkelhor (1984) contends that even using a conservative estimate 10% of girls and 2% of boys are sexually abused before reaching age 18, roughly 210,000 new cases of sexual abuse would occur yearly and that this is sufficient justification for the need for action in the area of child sexual abuse.

Characteristics of Child Sexual Abuse Cases

Researchers tend to select different characteristics of child sexual abuse cases for a focus of study. The following is a summary of findings which pertain to the case characteristics of interest to this study.

Child's Age at Time of Report

Most victims of child sexual abuse who are reported as victims, tend to be under age 14 at the time of the report.

a. The average age of the 291 victims of child sexual abuse reported in 1970 in Minneapolis was 10.7 (Jaffee, Dynneson, & ten Bensel, 1975).

b. Anderson and Shafer (1979) studied 62 girls who had been sexually abused by their fathers or step-fathers; the mean age of the victims at the time of the report was 12.6.

c. Approximately 65-80% of the victimized children reported to the National Study on Child Neglect and Abuse Reporting in 1977 were under age 14, for all categories of sexually abusive behavior (National Center on Child Abuse and Neglect, 1979b).

d. Scherzer and Lala (1980) indicated that of 73 cases of child sexual abuse reported to Baltimore police, 12 (16.5%) were less than 4; 29 (39.7%) were 5 to 9; and 32 (43.8%) were 10 to 14.

e. Sixty-two percent of the 583 victims of child sexual abuse studied by Conte and Berliner (1981) were less than 12.

Victim's Gender

Girls are victimized at a higher rate than boys.

a. Jaffee et al. (1975) revealed 12% of the 291 cases reported in Minneapolis in 1970 involved male victims.

b. The National Study on Child Neglect and Abuse Reporting indicated 87.3% of 4,327 child sexual abuse victims in 1977 were female (National Center on Child Abuse and Neglect, 1979b).

c. Finkelhor (1979) reported that in his college student survey, 19.2% ($n=119$) of his female respondents and 8.6% of his male respondents ($n=23$) reported sexual experiences as children with partners at least five years older.

d. Geiser (1979) reported that only 62% of the 131 juvenile victims of child sexual abuse identified to the San Francisco Police Department were female.

e. Cantwell (1981) reported 15% of the 226 cases she studied involved male victims.

f. Scherzer and Lala (1980) reported 16% of the 73 cases reported to Baltimore police in 1980 involved boys.

g. Jason, Williams, Burton and Rochat (1982) found 91% of the 735 child sexual abuse cases reviewed in Georgia involved female victims.

Victim's Age at Initiation of Abuse

Child sexual abuse is most frequently initiated before the victim is age 12.

a. Gagnon (1965) reanalyzed data obtained from 333 of

Kinsey's sample who had sexual experiences before age 13. He divided this group into categories of "accidental" victims (who did not have social contact with the perpetrator prior to the sexual experiences) and non-accidental (who did have social contact with the perpetrator prior to the experience and were either "coerced" by or "collaborative" with the perpetrator). These victims were less than 12 in 70% of the "accidental" and "collaborative" groups and less than 6 in 80% of the "coerced" group.

b. Anderson and Shafer (1979) reported the mean age of female victims at onset of abuse by fathers or step-fathers to be 10.6 years.

c. Finkelhor (1979) reported the mean age of the female victims he studied was 10.2, with 47% of the experiences occurring between age 10 and 12, and another 37% occurring before age 10. The mean age of victimized boys was 11.2, with 41% of the experiences occurring between ages 10 and 12, and another 27% occurring before age 10.

d. Herman and Hirschman (1981) studied 40 adult women who reported histories of child sexual abuse. The mean age of onset of the abuse was 9.4 years.

e. Russell (1983) indicated that 16% of her sample experienced intrafamilial sexual abuse; 75% of these girls

were less than 14 at the time of abuse. Approximately 38% of the respondents experienced extrafamilial abuse, with 74% of these victims having been under age 14.

Victim's Race/Ethnic Group

The race/ethnic group of victims varies according to the source of the data.

a. Hayman and Lanza (1971) report on 2,190 females seen at a District of Columbia hospital for sexual assaults from September 1965 through June 1969. Over half (58%) of these females were 19 or younger. Eighty-five percent of the victims were black, and the remaining 15% were white.

b. Conte and Berliner (1981) reported that of the 583 child victims of sexual abuse included in their research, 80% were white, 10% were black.

c. Kilpatrick collected data on childhood sexual experience from 501 females in "diverse populations in the two states of Georgia and Florida" (Kilpatrick, 1982:74). Her sample was 63% white and 25% black. The number of respondents reporting childhood sexual experiences was 278; this number reflected 67% of the white sample and 36% of the black sample. Among Kilpatrick's findings were that there were differences in sexual behaviors experienced by the different racial groups and in the "partners" with whom the respondents in the different

racial groups reported having had the sexual experiences.

d. The Kercher and McShane (1984) study of holders of Texas drivers licenses regarding their experiences as victims of child sexual abuse suggested the following victimization rates per 100 individuals for the following groups: white females (9.8), white males (3.4), black females (10.4), black males (3.0), Hispanic females (21.7), Hispanic males (1.6) and other females (16.6). These authors noted however, that these rates may not be statistically reliable since there were less than 10 self-reported victims in several of the categories.

Alleged Perpetrator's Age

Perpetrators of child sexual abuse tend to be in their 20s and 30s.

a. The average age of the perpetrator in the 291 cases reviewed by Jaffee et al. (1975) was 28.

b. Anderson and Shafer (1979) reported the mean age of the perpetrators of father (or father figure)/daughter abuse they studied was 39.

c. Female perpetrators in Finkelhor's (1979) study of college students had a mean age of 22.1.

d. Finkelhor reviewed several studies of male perpetrators of child sex abuse and found the median age of perpetrators to range from 27.9 to 37.3.

e. In Scherzer and Lala's (1980) study of 73 victims,

27 (36.9%) were abused by males 10 to 20 years old, 15 (20.5%) by males 20-30, and 18 (24.6%) by males over 30. (The remaining victims did not know the age of the perpetrators.)

Alleged Perpetrator's Gender

The overwhelming majority of perpetrators of child sex abuse are male.

a. Of the 291 cases of child sex abuse analyzed by Jaffee et al. (1975), 100% involved male perpetrators.

b. Finkelhor (1979) reported that sexual experiences with individuals at least five years older than the child occurred between male child and older male in 84% of cases involving male victims, and between female child and older male in 94% of cases involving female victims.

c. Cantwell (1981) revealed that 1.3% of the 287 sexually abused children in Denver in 1979 whom she studied were abused by females.

d. Conte and Berliner (1981) reported 95% of the 583 children seen for child sex abuse in Washington state in October 1977-June 1979 were abused by males.

e. Jason, Williams, Burton and Rochat (1982) reported 91% of the 735 Georgia cases studied involved male perpetrators.

Alleged Perpetrator's Race/Ethnic Group

The race/ethnic group of alleged perpetrators varies according to the source of these data.

a. Kercher, Strecher, Hoover and Dowling (1980) report on a study of 513 "valid" cases of child sexual abuse reported to a county child protective service unit in Texas in 1977 and 1978. The authors found that 58.5% of the perpetrators were white, 23.4% were black, and 10.8% were Hispanic.

b. Kercher et al. (1980) also reported on a study of 495 cases of child sexual abuse handled by a Texas county district attorney. Of these, 308 (62.2%) involved white perpetrators, 129 (26.1%) involved blacks, 47 (9.5%) involved Hispanics, and 11 (2.2%) involved perpetrators from other racial and ethnic groups. This study revealed a relationship between the race of defendants and whether or not intercourse with a child occurred, with blacks and Hispanic perpetrators being more likely to have intercourse. They also found a significant relationship between racial/ethnic group of perpetrators and the age of the victims. Whites were most likely to victimize children aged 7 to 12, while blacks most frequently victimized children 13 to 16. White perpetrators were more likely than the other groups to abuse children under age seven.

Marital Status of Perpetrators

The marital status of perpetrators varies according to the source of these data, although approximately half of perpetrators cited in the following research were married.

a. Kercher et al. (1980) reported that of the 511 valid cases of child sexual abuse studied in Texas, 70 (13.7%) of the perpetrators were single, 27 (5.3%) were involved in common-law relationships, 266 (52.1%) were married, 20 (3.9%) were separated, 29 (5.7%) were divorced, 3 (.6%) were widowed, and 96 (18.8%) had unknown marital relationships. The authors found that both males and females showed high rates of abuse by married perpetrators, although boys were sexually abused more frequently by single or divorce perpetrators than were females.

b. In the study of 495 child abuse cases handled by a Texas district attorney reported by Kercher et al. (1980), 48.8% of perpetrators were not married at the time of their arrest. There was no relationship found between the charges filed and the marital status of the defendants.

Alleged Perpetrator's Socioeconomic Status

Perpetrators from all socioeconomic groups commit child sexual abuse. There is disagreement as to whether perpetrators in lower socioeconomic groups actually abuse

more. Perpetrators from lower socioeconomic groups tend to be reported more often for child sexual abuse than those from higher socioeconomic groups.

a. The Kinsey et al. (1948 and 1953) data suggest that sexual abuse of children from middle class families by perpetrators of the same class was more widespread than commonly believed.

b. Giaretto (1976) reports on the 400 families which had been referred to the Child Sexual Abuse Treatment Program in Santa Clara, California. He indicated that the referred perpetrators represented a cross section of the county, with the makeup of the work force leaning toward the professional, semi-professional, and blue collar groups.

c. Schechter and Roberge (1976:130) contend that "socioeconomic factors may contribute to incest, but obviously it is not a critical factor in this multidimensional aberration." They cite several vignettes of intrafamily child sexual abuse which involve middle and upper class families. The authors suggest that family practitioners can be manipulated into keeping the family secret since his/her reputation and remuneration rely in part on the family.

d. Finkelhor (1979) reported that 46% of the females in his college student study who reported experiencing

incest were from families with incomes of less than \$10,000. This figure was surprising since college students from low income families were vastly underrepresented in his study. Finkelhor concluded that child sexual abuse "is much more common in the middle class than was previously thought, and it is not limited to impoverished environments; but it is still even more common among the poor" (Finkelhor, 1979:116).

e. Scherzer and Lala (1980) studied 73 cases of child sexual abuse reported to Baltimore police. Over 75% of the families of victims were receiving some form of public financial assistance while only 16.6% of all families in Boston were receiving public assistance. Only 52.6% of the families had a working parent.

f. Herman and Hirschman (1981:967) report that "poor and disorganized families that lack the resources to preserve secrecy are overrepresented" in studies of father/daughter child sexual abuse".

g. Jason, Williams, Burton and RoCHAT (1982) found that low socioeconomic status appeared to be a risk factor for 735 victims of child sexual abuse they studied.

h. The Department of Defense (1985) published figures by rank of the number of established cases of child sexual abuse perpetrated by military personnel in fiscal year 1984 (N=371). The majority (n=270) were in the enlisted ranks

of E-4 to E-7. There were only 13 officers involved as perpetrators in the established cases of child sexual abuse. Three held the rank of O-4 (major or lieutenant commander), but there were no officers above that rank identified as perpetrators.

Alleged Perpetrator's Relationship to Victim

Fathers or father surrogates who abuse their daughters are the perpetrators most frequently reported to agencies. However, there is indication from surveys of adult populations regarding histories of sexual abuse as children, that abuse perpetrated by someone other than a father is actually more common.

a. In the Kinsey et al. (1953) study of female victims, the perpetrators were strangers (52%), friends or acquaintances (32%), fathers (4%), and "others" (12%).

b. Gagnon's (1965) reanalysis of Kinsey data on 333 cases involving abuse of females revealed that victims who had not had previous social contacts with their perpetrator were abused by strangers (63%) or acquaintances (24%); victims who were coerced by perpetrators known to them were abused by relatives (50%) and fathers (50%); and victims who were considered to be "collaborative" with perpetrators with whom they had prior social contact were abused by acquaintances (43.8%), relatives (34.4%), strangers (12.5%), and fathers (9.4%).

c. Nakashima and Zakus (1977) indicate that father (or father figure)/daughter abuse is the type of sexual abuse most frequently reported to agencies.

d. Finkelhor's (1979) survey of female college students revealed perpetrators were family members (43%), strangers (24%), and acquaintances (33%). The 266 male college students who reported a history of sexual experiences as children, were abused by family members (17%), acquaintances (53%), and strangers (30%).

e. Of the 226 cases of child sexual abuse studied by Cantwell (1981), 16.5% involved strangers, 26.5% fathers, 27.5% surrogate fathers, 10.5% relatives, and 19% friends.

f. Of the 583 child sexual abuse cases reviewed by Conte and Berliner (1981), 47% involved family members, 42% involved offenders known to, but not related to the child, and 8% of the perpetrators were strangers.

g. In Russell's (1983) study of 930 females, 4.5% of the total sample were abused by fathers or step-fathers, 4.9% by uncles, 3% by male cousins, 2% by brothers, .3% by grandfathers, .9% by male in-laws, 1.8% by "other" relatives, and .1% by mothers. Of the women who had been sexually abused by someone other than a family member, 15% of the perpetrators were strangers, 42% were acquaintances, and 41% were friends. The extrafamilial abuse perpetrators were authority figures to the victims

in 40% of these cases.

h. The Department of Defense (1985) reported that of the 538 cases of established child sexual abuse, perpetrators were mothers (3.3% of cases), fathers (34.4%), step-fathers (24.2%), brothers (2.4%), babysitters (6.7%), "others" (25.3%), or "unknown" (3.7%).

Type of Activity Involved in Sexually Abusive Experience

Research which addresses the types of activities involved in child sexual abuse, indicates that these activities involve a broad spectrum.

a. Kinsey reports 9% of his sexually victimized respondents were only approached, 53% witnessed exhibitionism, 2% had oral-genital contact, and 2% had coitus.

b. Gagnon's (1965) reanalysis of Kinsey data on 333 females who experienced abuse indicated that: of the girls who did not have prior social interaction with the perpetrator, approximately 60% witnessed exhibitionism or experienced genital petting (28.8%); girls who had been coerced into having experiences with perpetrators they knew experienced coitus (83.3%) or attempted coitus (18.8%); victims who were categorized as "collaborative" with perpetrators with whom they had prior social contact experienced genital petting (40.6%), exhibitionism (18.8%), and attempted or completed coitus (15.6% and

15.6% respectively).

c. Jaffee et al. (1975) analyzed 291 reported cases of child sexual abuse involving children under age 16 in Minneapolis in 1970. Almost half of these cases (46%) involved indecent exposure to the child, 39% involved "indecent liberties" (which included such acts as use of obscene language, physical advances and manipulation), and 11% involved oral, vaginal or anal penetration.

d. James, Womack and Strauss (1978) gathered data from 51 physicians in Washington state who had seen a total of 102 victims of child sexual abuse. Intercourse occurred in 57 cases (38 father or step father/daughter cases, 4 brother/sister cases, 1 perpetrated by a relative, 6 perpetrated by babysitters, and 8 by strangers). Molestation occurred in 38 cases (19 involving fathers or step-fathers, 11 involving other relatives, 6 by babysitters and 2 perpetrated by strangers). Exhibitionism was involved in 7 cases (5 perpetrated by babysitters and 2 by strangers).

e. In Anderson and Shafer's (1979) study of father (or step father)/daughter abuse, the nature of the activity involved was intercourse (n=33 or 53%), oral-genital contact (n=15 or 24%), touching only (n=14 or 29%), or unspecified activities (n=6 or 12%).

f. Of the 4,327 cases of child sexual abuse studied

by the National Study of Child Neglect and Abuse Reporting in 1977, 25% involved molestation, 13% incest, 8% rape, 6% "deviant" acts, and 48% "unspecified" acts (National Center on Child Abuse and Neglect, 1979b).

g. In sexual abuse involving fathers (or surrogate fathers/daughters, there is generally a progression of the types of behavior involved, usually from some form of touching to vaginal, anal, or oral penetration (Sgroi et al., 1982; Shapshay and Vines, 1982).

h. In his survey of 521 parents in Boston, Finkelhor (1984) reported that of the 52 children the parents revealed had been abused, and of the 78 parents who themselves had been sexually abused, the following types of activities involving the children and parents (respectively) were: intercourse-2% and 9%, attempted intercourse-8% and 10%, oral-genital contact-6% and 8%, touching of sex organs-10% and 26%, fondling through clothes-20% and 27%, exhibiting sex organs-26% and 11%, and requests for sexual behavior-28% and 9%.

Number of Sexually Abusive Events

Sexual abuse occurs more frequently when victims and perpetrators are family members.

a. Kinsey et al. (1953) reported that 80% of the experiences related in their survey were one-time

occurrences, while 5% of the sexually victimized females experienced abuse nine or more times. Those for whom the experiences were repetitious were generally abused by relatives in the same household.

b. Finkelhor (1979) reported that the majority (60%) of his college student population who were victimized reported single occurrences.

c. Conte and Berliner (1981) report on 583 cases of child sexual abuse. The cases involving family members were single events in 17% of the cases, while 63% of the non-family cases involved single events.

Duration of the Sexually Abusive Relationship

The length of time over which sexually abusive experiences occur between a given perpetrator and victims appears to vary with whether the perpetrator was known to the child prior to the onset of abuse. Abuse by strangers tends to be limited to single events. Abuse by perpetrators known to the victim, and family members in particular, more frequently occurs over a period of time.

a. Meiselman (1978) reported that the sexually abusive relationships involving girls she studied lasted for approximately three and one-half years.

b. Anderson and Shafer (1979) indicated the duration of time over which abuse occurred in 62 father (or step

father)/daughter cases they studied had a mean of 2.49 years and a median of 1.81 years.

c. Finkelhor (1979) reported that sexual victimization involving girls in his college student study occurred over an average period of 31 weeks. However, he notes that since this average includes data on the respondents who experienced a single occurrence of the sexual experience, the average duration of the abuse would be higher if only cases involving multiple episodes were considered.

d. Kercher et al. (1980) found that 19.5 months was the average length of time over which sexual abuse occurred in the 513 Texas cases they studied.

e. Herman and Hirschman's (1981) study of 40 cases of father/daughter incest revealed the average duration of the relationship over which abuse occurred was 3.3 years.

e. Finkelhor (1984) reports that little is known about the ongoing nature of sexual abuse of boys. Sexual relationships involving boys are estimated to be of shorter durations than those involving girls.

Source of the Initial Public Allegation that Sexual Abuse Occurred

Of the cases of child sexual abuse reported, the majority appear to be reported by professionals.

a. The National Center on Child Abuse and Neglect (1979b) reported that the source of referrals for all child abuse/neglect reports studied by the National Study on Child Neglect and Abuse Reporting in 1977 were: friends/neighbors (17.2%), relatives other than parents or siblings (13.6%), educational sources (12.4%), medical personnel (11.7%), law enforcement sources (11.6%), public social agencies (8.9%), parents or parent substitutes (7.1%), anonymous sources (5.9%), and the victims themselves (1.8%).

b. In 1978, sources of reports identified by the National Study on Child Neglect and Abuse Reporting were: medical, social service, school, and law enforcement personnel in approximately 45% of cases (10-12% each), and friends, neighbors, family, and relatives in 38% of cases (National Center on Child Abuse and Neglect, 1980c).

c. Kercher et al. (1980) report that of 511 child sexual abuse cases for which they had data on the source of referrals, the following sources were identified: medical (n=141, 27.6%), school (n=55, 10.8%), "other" (n=51, 10.1%), law enforcement (n=51, 10%), relatives (n=46, 9%), mothers (n=43, 8.4%), neighbors (n=37, 7.2%), fathers (n=11, 2.2%), victims (n=10, 2%), child welfare (n=7, 1.4%), siblings (n=6, 1.2%), and step-mothers (n=2,

.4%).

To Whom Report is Made

There is little research available on this topic. On a nationwide basis, most reports of abuse and neglect in general appear to be made to child protective service agencies. However, child sexual abuse may be unique regarding the issue of to whom reports are made, or, sources to which reports are made may vary with specific locales.

a. The American Humane Association reported that the department of social services at the state, county or local level received the initial report of abuse or neglect in 97.5% of cases (Drews, 1980).

b. Finkelhor (1984) revealed that 56% of parents surveyed in Boston whose children had been sexually abused, reported the abuse outside the family. The source to which reports were made included: police (74%), school personnel (27%), clergy (15%), doctors (12%), mental health agencies (12%), child protection agencies (8%), and child abuse hotlines (4%). (These figures total more than 100% because some parents reported the abuse to multiple sources.)

Evidence Which Supports Substantiation of Abuse

There is little research available regarding what evidential factors contribute to the substantiation of child sexual abuse. There is physical evidence of abuse in relatively small percentages of child sex abuse cases.

a. Scherzer and Lala (1980) reviewed 73 cases identified in Baltimore in 1978. Of these victims, 52% were seen for medical examination within 24 hours, while 23% delayed being seen more than one week. Thirteen (17.1%) of the victims had genital injuries, 2 (2.7%) had positive gonorrhea cultures and 3 (4.1%) had presence of sperm.

b. Cantwell (1981) reported that only 22 of 175 (12.6%) children medically examined for child sexual abuse showed physical evidence of abuse.

c. Jason, Williams, Burton, and Rochat (1982) reported that 91% of the over 3,000 child sexual abuse victims they studied had shown no signs of trauma.

The Substantiation of Child Sexual Abuse

The substantiation of child sexual abuse involves the successful labeling of an alleged perpetrator as a "child sex abuser" or of a reported victim as a "sexually abused child." The National Center on Child Abuse and Neglect (1979b:29) points out that "The substantiation issue is one of the major definitional problems in the field of

protective services. In some instances a 'substantiated case' is one that has been or could be adjudicated; in others it is a case which the social worker has determined should be opened for services; in still others, it means the reported incident actually took place."

Protective services workers have been encouraged by the National Study on Child aNeglect and Abuse Reporting (which analyzes data submitted by all state central child abuse and neglect registries) to "view as substantiated any case where protective services have been provided or deemed appropriate. However, in many instances law or policy defines different operative criteria for substantiation" (Department of Health, Education and Welfare, 1979:29).

Jason, Andereck, and Marks 81982) identify that there are few studies which report on the substantiation rates of child sexual abuse reports and on the apparent differences in which cases are substantiated (or labeled) abuse and which are not. Meiselman (1978:39) also notes that "even when researchers state that some of their incest reports proved to be false, they rarely describe the process of arriving at this conclusion." Jason, Andereck, and Marks state that it is important "that child abuse analyses should attempt to discover the commonalities of cases originally classified as suspected

and later understood to be non-abuse, in order to reduce future diagnostic errors and false accusations of parents" (Jason, Andereck, and Marks, 1982:12).

The National Study on Child Neglect and Abuse Reporting (National Center on Child Abuse and Neglect, 1980c) reveals that most state central registries provide data on substantiated reports only. "Since the proportion of reports indicated as substantiated is a function of when the report is completed as well as of actually meeting (individual state) substantiation criteria, the distribution of families or involved children across various data items cannot be considered to be a true reflection of the entire reported maltreatment situation" (National Center on Child Abuse and Neglect, 1980c:4). Of the 614,291 reports on child abuse and neglect made in 1978, 191,739 were submitted with individual case data. Of these, 60% of the cases (which included sexual abuse) were unsubstantiated cases of abuse. (Statistical breakdown of the cases by actual form of abuse is not otherwise given.)

Sexual abuse is frequently hard to substantiate. Generally, there is no evidence of physical injury to the child (Jason, Williams, Burton, and Rochart, 1982). Frequently, there is no real or direct evidence (for example, photographs of injuries or first hand knowledge

of the events) (Stein & Rzepnicki, 1983). Therefore, hearsay (second hand information) or circumstantial evidence (indirect proof of facts, such as semen stains on a female child's underwear after the child was left alone with an alleged perpetrator) often play important roles in establishing that abuse actually occurred.

Goodwin, Sahd, and Rada (1980) contend that children fabricate reports of sexual abuse in less than 1% of known samples. Cantwell (1981) reports that of 2,056 cases of child abuse or neglect reported in Denver in 1979, 327 or 16% of these involved sexual abuse. Of these, 26 were determined to be "unfounded" reports. Two of the unfounded cases were reported by the "victims," one of whom made the report about her boyfriend following an argument, and the other involved a girl in therapy after having been sexually abused by a stranger a year before. The other cases involved 12 false reports from adults who were in battles with other adults and later admitted to making up the reports to hurt the other adult or to gain an advantage in a custody battle. Twelve reports were made by seriously mentally ill female caretakers. Cantwell (1981:76) concludes that "almost never are children guilty of 'making up' sexual assault complaints."

One of the reasons for the relatively low rate of false reports by victims is the cost to the child of such

a disclosure. Among the likely consequences of reporting the abuse are: having to repeatedly share intimate details of the abuse with strangers, having to undergo what can be harsh cross-examination by a prosecutor, facing others who do not believe the abuse occurred, and embarrassment at having others know about what is perceived as a shameful experience. Additionally, in cases of intrafamily abuse, the victim is likely to face rejection by the perpetrator and other family members, potential placement in foster care, and a breakup of the family (Faller, 1984).

Jason, Andereck, and Marks, (1982) report that their study of reports made to the Georgia Central Registry in 1975-1979 revealed an overall confirmation rate for sexual abuse reports of 62%. This was significantly higher than the overall confirmed rate of physical abuse reports (55%) (as determined by a chi-square test using an alpha level of .05; the authors did not indicate the chi-square value). Additionally, of those cases not confirmed, suspicion remained in significantly more of the sexual abuse cases (25%) than the physical abuse cases (17%). The confirmed sexual abuse cases comprised 17% of the total substantiated cases. Referrals of sexual abuse from clinical sources resulted in a substantiation rate of 73%, while law enforcement referral sources' reports were

substantiated 75% of the time for sexual abuse reports, and 71% of the time for physical abuse reports. Reporting from concerned citizens and relatives had the lowest confirmation rates for both sexual and physical abuse.

One of the factors which contributes most to difficulty in substantiating child sexual abuse reports is the strong incentive for the perpetrator to avoid labeling as a "child sex abuser." The perpetrator so labeled is likely to face rejection by immediate and extended family, jeopardization of employment, possible prison sentence or placement on probation. Also, in cases of intrafamily abuse, the perpetrator may face divorce, intrusion into family life by possible court-mandated separation of the family, and involuntary involvement in treatment (Fallor, 1984).

Underreporting of Child Sexual Abuse Cases

There is wide agreement that child sexual abuse is vastly underreported. Failure to report is evident among those involved in the abuse, as well as among family and professionals who may at some point become aware of the abuse (Levels Three and Four of the levels of knowledge regarding cases of child sexual abuse described by Finkelhor and Hotaling, 1984).

Finkelhor (1979) reported that 63% of the females and 73% of the males who reported some form of sexual

experience as a child, had never reported the experience to anyone until surveyed by Finkelhor. Herman and Hirschman (1981) report that 58% of the father/daughter incest victims they studied had never told anyone of the abuse until after leaving home. Of the 200 prostitutes studied by Silbert and Pines (1983), 63% of those experiencing sexual abuse as children had never disclosed the abuse until being surveyed. Only 2% of the females experiencing intrafamilial abuse and 6% of those experiencing extrafamilial abuse in Russell's study (1983) had reported the experiences to anyone as children.

Studies which pertain to the failure to report among family members who are aware that a child has been abused generally focus on mothers whose husbands are abusing their daughters. Dietz and Craft (1980) suggest that some of the reasons the mothers may fail to report are: fear of retaliation by the husband, lack of a safe refuge, shame of admitting abuse occurred, lack of resources to support herself and children, divided loyalty between the offender and victim, and/or inability to believe the allegations. Nakashima and Zakus (1977:698) further identify that "Frequently the need to deny the incest was so great that the mothers could not take any action to protect the child unless forced to do so by outside sources."

Failure to report known or suspected cases of child sexual abuse is also noted among professionals who are mandated to report. Meiselman (1978) suggests that this may be in part due to the desire to see reports of sexual abuse in terms of Oedipal fantasies, with the resultant perception of the report as invalid. The National Center on Child Abuse and Neglect (1981b) noted that only 56% of the child sexual abuse cases known to community professionals were reported. Finkelhor (1984) reports that professionals surveyed in Boston reported only 64% of the child sexual abuse cases they were required to report.

James et al. (1978) surveyed 300 general practitioners in Washington state through an anonymous questionnaire. Of the 96 respondents, only 42% said they would report any case of child abuse involving sexual activity. The respondents indicated that reasons they would not report included: belief that the report would harm the family or that the report could be handled in private more easily (66%), and dissatisfaction with the way such cases are handled by state social services (33%).

The military community may perceive an added incentive to not report cases of intrafamilial child sexual abuse: concern for the active duty perpetrator's career (Kovalesky-McLaine, 1982). Involuntary discharge could seriously affect the perpetrator's family through loss of

income, loss of medical benefits, and possible eviction from housing if the family lived in military quarters. Although Air Force policy states that no action will be taken against an active duty perpetrator simply because of the opening of a family advocacy case, action could be taken on the basis of the abuse itself. Meiselman (1978:339) suggests that "Incest victims and other family members would probably be more willing to report incest and cooperate with treatment efforts if they could be assured in advance that there would be no trial and no public consequences unless the alleged perpetrator refused to cooperate with arrangements that were deemed necessary to ensure the security of the incest victim from further sexual approaches."

The fact that child sexual abuse is so underreported points to the need for knowledge regarding what populations are and are not reporting so that efforts can be directed at continuing reporting tendencies among the former and encouraging reporting among the latter. Also, recognition that child sexual abuse is normally not reported suggests the need to study populations which receive relatively infrequent reports, so that reporting biases can be differentiated from actual low incidence rates.

Child Abuse in Military And Civilian Communities

There is no indication that child abuse which occurs among the military population is significantly different than among the civilian sector.

Lanier (1978) analyzed 225 cases of abuse reported at Madigan Army Medical Center in 1972 through 1975. He compared the demographics of these cases to studies by previous researchers. Lanier (1978:115-119) found that ". . . military parents abuse and neglect their children for the same reasons as other parents There are no valid data to support the contention that the lifestyle and occupation of a soldier tend to make military parents more abusive than their counterparts." Further, significant factors associated with abuse among the military were "the position of the abusing parent within the military rank structure, the type of military unit to which he is assigned, and the feelings of self-esteem which he gets from the job he performs." Mobility of the military member in itself did not contribute significantly to abuse (Lanier, 1978).

Similarly, Dubanoski and McIntosh (1984) studied child maltreatment in Hawaii, making comparisons between the military and civilian populations. They found no significant differences between the two in characteristics of abusive families in general or sexually abusive

families in particular. Further, they found no unique correlations or patterns of abuse in the military.

Burgess (1985) reported that child abuse referrals of officers in the three services was believed to be low for the actual incidence of abuse occurring in these families. Wardinsky and Kirby (1981) studied reports of abuse made to an Air Force Medical Center from April 1975-September 1976. They noted that although officers comprised 15% of the population, only 2.5% of the reports involved officer families. The authors contend that like middle and upper class civilian families, officers and their families are probably underrepresented.

These findings suggest that the incidence and nature of child sexual abuse in the military is essentially the same as that in the civilian community. There is also some indication that biases that affect reporting and substantiation of reports (most notably the socioeconomic status of the offender) are also evident in the military community.

Summary and Discussion of Implications of the Literature Review

Between 210,000 and 336,000 children are estimated to be initiated into child sexual abuse each year. Studies which have been done on the incidence and prevalence of child sexual abuse suggest that this is a problem which

crosses all socioeconomic bounds. Trends in modal characteristics of child sexual abuse cases are evident.

As can be seen in this literature review, however, the data which are available on child sexual abuse suffers from several problems. Among these are differential definitions of child sexual abuse and what is considered to be a "substantiated" case, vast underreporting of the problem, and biases in data which have resulted from the selective identification of populations for study.

This study attempted to incorporate these identified problem areas into this research by using them as guide posts by which to structure this research. The study attempted to address the first of these problem areas, the differential use of definitions of "child sexual abuse" and "substantiated case," by determining: how military installations are defining child sexual abuse and what the installations are using as a basis for case substantiation. Further, the research attempted to avoid selective identification of populations for study, by specifying reported cases of child sexual abuse in the Air Force as the population of interest and by attempting to collect data on all child sexual abuse cases reported during the specified period. Lastly, the problem of vast underreporting was also marginally addressed by identifying who the populations frequently reporting child

sexual abuse were. This in turn suggested groups requiring further educational efforts and encouragement to report.

Data have been collected from the military services for the last two years on the number of substantiated child sexual abuse cases and on a limited number of their characteristics. However, there has not been a comprehensive study on the extent of child sexual abuse reported in the military, on a wide range of case characteristics, on reporting tendencies (who reports and to whom), or on case substantiation rates and variables which affect whether cases are substantiated. This study attempted to address each of these points so that this knowledge gap regarding military child sexual abuse cases could be bridged.

The literature reviewed does not suggest that the incidence or characteristics of child sexual abuse is unique for the military. Therefore, the findings reviewed from existing literature suggest trends in characteristics likely to be found in the Air Force's child sexual abuse cases. These trends can be used as guidelines by which to compare Air Force data. Sharp contrasts in findings between the military data and available research could suggest that further study of variables unique to the Air Force or a reanalysis of currently touted knowledge is

indicated.

Chapter 3

Conceptual and Explanatory Frameworks, Research Questions to be Answered, and Hypotheses to be Tested

Two conceptual frameworks are applicable to this study and will be discussed in the conceptual framework section. The first embodies theories which address who sexually abuses children, why they abuse, and who they abuse. These theories will be collated in Finkelhor's (1984) Four Pre-Condition Model of Sexual Abuse. The second conceptual framework--labeling theory--is concerned with who is likely to actually receive a label of deviant (or in this study, a "label" of being an "established" child sex abuser). Labeling theory will be reviewed with emphasis on how it relates to offenses of child abuse in general and child sexual abuse in particular.

The second section of this chapter will highlight the Department of Defense directive and the Air Force's regulation which pertain to family advocacy programs. This section is designed to provide the reader with an explanatory framework with which to view the context in which child sexual abuse cases are addressed by the Air Force.

The chapter will conclude with a statement of the

hypotheses to be tested and research questions to be answered in this study. Brief rationales for the proposed hypotheses will also be summarized.

The Four Pre-Condition Model of Sexual Abuse

Finkelhor (1984:53) asserts that "There is a pressing need for new theory in the field of sexual abuse. What theory we have currently is not sufficient to account for what we know." Most theories pertaining to child sexual abuse fail to mesh what is known about offenders and about victims and families, and are inadequate to explain the variety of child sexual abuse which exists (for example, abuse by a stranger versus abuse perpetrated by a family member).

Theorizing about sexual abuse of children has generally revolved around either the psychodynamics of sex abusers or around the family systems model of father/daughter incest. These two approaches will be briefly discussed and will then be meshed together in a unified theory (Finkelhor's Four Pre-Condition Model of Sexual Abuse) which attempts to explain why a perpetrator sexually abuses; it also suggests who is likely to be a perpetrator and victim.

Much of what is known about child sex offenders has been garnered from studies on males incarcerated or in treatment for sexual offenses against children (Finkelhor,

1984). These studies tend to distinguish between perpetrators who abuse within and outside of their family constellation; those who have a primary sexual orientation toward children and those whose offenses are a clear departure from their normal orientation toward agemates during a time of stress; those who abuse boys versus those who abuse girls; and those who do and do not commit offenses in an aggressive manner (Groth, Hobson & Gary, 1982; Finkelhor, 1984).

Because these studies have concentrated on both different sources of offenders and on different subgroups of the total child sex abuser population, the theories which have been offered to explain why a perpetrator abuses are widely varied. They range from findings that the abuser was himself sexually abused as a child, and that he abuses so as to gain a sense of control (Groth et al., 1982), to conclusions that the abuse is a reaction to a "frigid" wife (Justice & Justice, 1979), to suggestions that the abuser is socialized into believing that such offenses are acceptable due to widespread availability of child pornography (Rush, 1980). The result is a number of partially developed theories which fail to integrate findings with what is known about victims and their families.

The family systems model, on the other hand, tends to

be fairly specific in its focus on father (or father surrogate)/daughter sexual abuse. According to Finkelhor (1984) this model essentially purports that the father is motivated to take a sexual interest in the daughter due to deterioration in his relationship with his wife; the father appreciates the child's uncritical admiration for him and can easily manipulate the child to fulfil his emotional and sexual needs; the father's inhibitions against such abuse are often overcome by alcohol or situational stress; the father rationalizes to himself that no harm will come to the child and/or that sexual relationships with the child are preferable to having an affair; the mother fails to be protective of the child because of a lack of concern or absence from the home; the father can draw the child into a pact of secrecy regarding the abuse by threats (implied or real), bribery, or convincing the child that the activity is a special game. The daughter does not generally resist because she trusts the father, enjoys the attention, affection, or status the relationship brings, or because she feels she is keeping the family together.

Rush (1980) criticizes that such a model tends to place blame on the mothers or victims, thus to some extent "excusing" the fathers for their offenses. Finkelhor (1984) criticizes that this model fails to account for

abuse by those other than the fathers (or father surrogates), or for abuse of boys, thereby failing to explain abuse by and of large segments of those involved in child sex abuse. Further, because the model fails to explain why the father is sexually aroused by the child, it fails to differentiate between incestuous and non-incestuous families with similar family dynamics (Finkelhor, 1984).

In order to provide a comprehensive, unified theory of much of what is currently known about offenders and victims of child sexual abuse, Finkelhor (1984) offers his Four Pre-Condition Model of Sexual Abuse. This model endeavors to draw together the various findings of studies involving offender populations and families involved in father/daughter sexual abuse and to accommodate the diverse nature of child sexual abuse cases evident in our society. The model incorporates sociological as well as psychological dimensions in its explanations as to what contributes to child sexual abuse.

This model purports that four preconditions need to be met before sexual abuse can occur:

1. A potential offender needed to have some motivation to abuse a child sexually.
2. The potential offender had to overcome internal inhibitions against acting on that motivation.

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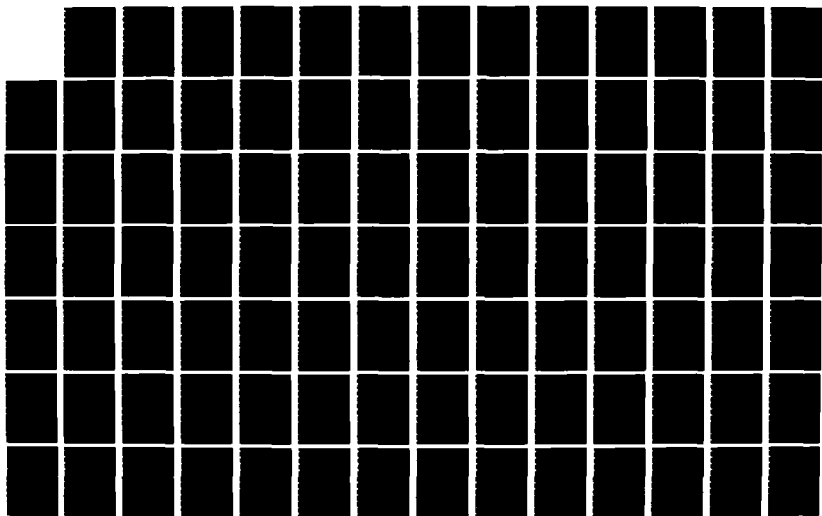
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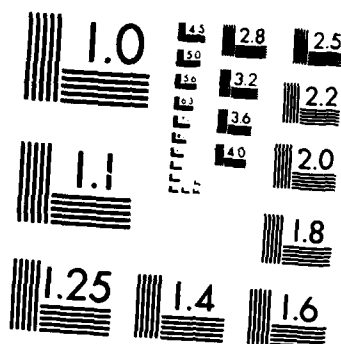
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3. The potential offender had to overcome external impediments to committing sexual abuse.

4. The potential offender or some other factor had to undermine or overcome a child's possible resistance to the sexual abuse. (Finkelhor, 1984:54).

Each of these preconditions (in some form) must be present for the occurrence of child sexual abuse.

The first precondition (motivation to sexually abuse) can be a result of any of the following three factors: 1) emotional congruence, or anything which contributes to a perpetrator's finding that sexually relating to a child is gratifying and acceptable to him/her; 2) sexual arousal, or anything which contributes to a perpetrator being capable of being sexually aroused by a child; and 3) blockage, anything which contributes to a perpetrator being blocked from finding sources of sexual and emotional gratification for which there is more social acceptance. The other three preconditions relate to disinhibition, or factors which prevent a perpetrator from being deterred from acting on the motivation for sexual relations with a child.

Finkelhor (1984) acknowledges that his model does not offer new theory. Rather, it collates previous findings on perpetrators and victims. The model identifies that the following factors have been associated with the

occurrence of child sexual abuse; Finkelhor categorizes them according to which of his preconditions they address (Finkelhor, 1984:56-57).

Precondition One

Factors relating to motivation to sexually abuse include:

A. Emotional Congruence

1. arrested emotional development results in perpetrators preferring to relate to "other children";
 2. child molesting enables an offender to experience power, omnipotence and control;
 3. reenactment of sexual abuse which the perpetrator experienced as a child attempts to "undo" the childhood trauma;
 4. the molester is narcissistic and projects the love for the child he was onto other children;
 5. because of male socialization, men require dominance and power in a sexual relationship; children fit the role requirements of being smaller, younger, and weaker.
- ##### B. Sexual arousal:
1. as children, offenders had sexual experiences with adults which caused them, through conditioning, to find children to be sexually stimulating;

2. an offender may have been frustrated in a critical experience as a child (for example, in a romance with another child) and acts out this frustration in sexual relations with a child after reaching adulthood;

3. an offender "models" behavior of one who finds children to be sexually arousing;

4. offenders misperceive emotional arousals (such as feelings of affection or protectiveness) as sexual arousal and thus sexually act on these feelings;

5. biological factors may predispose individuals to deviant patterns of arousal;

6. offenders are socialized by child pornography or erotic portrayal of children in advertising to being sexually aroused by children;

7. male offenders tend to sexualize all emotional needs.

C. Blockage:

1. male molesters are unable to relate to adult women as a result of intense conflicts with their own mothers;

2. male molesters feel sexually inadequate with adult women due to unsuccessful experiences with them;

3. inadequate social skills prevent offenders from meeting suitable age-mate partners;

4. marital problems result in a decrease or cessation of sexual activity with partners;

5. repressive sexual norms make offenders experience guilt or conflict regarding sex with adults.

Precondition Two

Factors which predispose a perpetrator to overcoming internal inhibitions against sexual abuse include:

1. alcohol;
2. psychosis;
3. impulse disorders;
4. senility;
5. situational stress;
6. social toleration of sexual interest in children;
7. weak criminal sanctions against offenders;
8. cultural beliefs in patriarchal prerogatives for fathers;
9. social toleration for offenses committed while intoxicated.

Precondition Three

Factors which predispose a perpetrator to overcoming external inhibitions to child sexual abuse include;

1. a mother who is absent or ill;
2. a mother who is not protective of or close to a child;
3. a mother who is abused or dominated by a husband who is sexually abusing her daughter;

4. social isolation;
5. unusual opportunities for a perpetrator and child to be alone;
6. lack of supervision of a child;
7. unusual sleeping or rooming conditions;
8. lack of social supports for the mother of abused children;
9. barriers to women's equality which keep females in a vulnerable position;
10. erosion of social networks;
11. the ideology of family sanctity.

Precondition Four

Factors which predispose a perpetrator to overcoming a child's resistance to sexual abuse include:

1. the child's emotional insecurity or emotional deprivation;
2. a child's lack of knowledge about sexual abuse;
3. unusual trust between a child and offender;
4. coercion by the perpetrator;
5. nonavailability of sex education for children;
6. social powerlessness of children.

The Four Pre-condition Model and Child Sexual Abuse in the Air Force

The Four Pre-condition Model to Sexual Abuse is

applicable to this study because it allows for all types of child sexual abuse likely to be identified to family advocacy personnel. This model recognizes that boys as well as girls are sexually victimized; that perpetrators' relationships to their victims cover a wide range, among which are strangers, neighbors, relatives, and parents; that the age at which children are targeted for sexual abuse vary with the specific factors related to each of the preconditions; and, that the types of sexual activities in which a perpetrator engages with a child will vary with what is arousing to the perpetrator and what he/she can overcome internal and external inhibitions to do.

However, a major shortcoming of the utility of this model in the present study is its failure to explain the difference in incidents of child sexual abuse which are likely to be reported and to be ultimately labeled "substantiated child sexual abuse" from those which are not. For a conceptual framework which addresses these differences, the labeling theory perspective will be reviewed.

Labeling Theory

Labeling theory (also called societal reaction theory) provides the theoretical basis for the consideration of whether selected variables affect if reported cases of

child sexual abuse are subsequently determined to be "substantiated"; or, whether or not the perpetrator is officially labeled as a "sexual abuser of children" or the victim a "victim of child sexual abuse."

Sagarin and Kelly (1980) point out that there are two different meanings to the act of placing a label. It can be: "1. The act of identifying someone as a person who engages in a given type of behavior, and placing the label on that person as one who does that type of thing (or desires to do it, or even has a strong but repressed and latent potential for so doing), and, 2. The act of categorizing the type of behavior (not necessarily the individual) as bad, evil, sinful, antisocial; in short, of requiring some isolation, punishment or treatment" (Sagarin and Kelly, 1980:350). Labeling theory addresses to some extent how rules come to be made whose enforcement can lead to the labeling of a "deviant," but focuses primarily on the process by which the individual is labeled a deviant.

Society's rules can be in the form of formal rules (or laws), which are enforced by police power; or, informal agreements, which are enforced by informal sanctions (Becker, 1963). The natural history of rules generally involves the following pattern: 1) society has generalized preferences of action or values; 2) these

preferences may frequently be hard to act upon since there are usually no specific guidelines instructing one how to act and because a particular value may be at odds with another commonly held value; 3) problems arise as a result of a lack of guidelines and instructions on how to deal with conflicting values so that rules are set down which state which actions are allowed and which are disallowed--these rules are consistent with the value and are frequently brought about through the initiative of moral crusaders; and 4) the rules must then be applied (Becker, 1963).

Becker (1963:91) contends that ". . . social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender.' The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label."

In the same vein, Gelles (1975:366) reports that "for labeling theorists, deviance is not a property inherent in certain forms of behavior, it is a property conferred upon these forms by audiences which directly or indirectly

witness the behavior in question. The conferring of a label requires an audience or labeler, and it requires that a label be successfully applied. The successful application of a label of deviance is dependent on circumstances of the situation and place, the social and personal biographies of the labelers and the 'deviant', and the bureaucratically organized activities of agencies of social control."

Those purporting labeling theory have "focused on the societal attributes of those who react and are reacted against in order to explain why certain persons and not others are labeled as deviants" (Gove, 1980:13). Authors of labeling theory frequently focus on the "underdog" in society in that they hold that those individuals "on the margin of society, who, because of their societal attributes are ill equipped to prevent the imposition of a deviant label" (Gove, 1980:14). This is a sharp departure from other sociological theories which attribute higher rates of deviance among marginal groups to the characteristics of the social environment of these groups which increase the chances of the individuals in the groups committing acts which are deviant (Becker, 1963).

Among the variables which labeling theory embodies to explain why some are labeled as deviants and others are not are:

1) resources and power of the individual: those individuals with few resources and little power are more likely to be labeled;

2) social distance between the individual and the labeler: the more the distance, the greater the chance of the individual being labeled when he or she is perceived as of "lower status" than the labeler. If the individual is perceived as being of a "higher status" than the labeler, he or she is more likely to avoid being labeled;

3) tolerance level of the community for given acts: the less a community tolerates given acts, the more likely an individual committing them will be labeled;

4) visibility of the individual: the more visible the behavior and/or the person committing it, the more likely he/she is to be labeled (Gove, 1980).

Further, the degree to which people will react to a given act as deviant greatly varies:

1) over time: for example, when there is increased public "drives" against certain behavior, the chance of being labeled deviant for committing that behavior increases;

2) with not only who commits the act, but also by those who feel harmed by it;

3) with the consequences of the act: for example, in the 1960s a woman engaging in premarital sex was more

likely to be labeled deviant if she became pregnant (Becker, 1960).

Becker (1960) identifies four theoretical types of deviance:

- 1) conforming: when one obeys rules and is perceived as obeying them;
- 2) falsely accused: when one obeys rules but is perceived as disobeying them;
- 3) secret: when one disobeys rules but is perceived as obeying them;
- 4) pure: when one disobeys rules and is perceived as disobeying them.

Additionally, some labeling theorists attempt to address the career of a deviant by distinguishing between primary deviation which "may cause someone to be labeled as a deviant, and secondary deviance, which is behavior produced by being placed in a deviant role" (Gove, 1980:10). Primary deviance is identified when the individual is caught in an act and subsequently labeled. Secondary deviance (which does not occur in all cases) occurs when the process of being labeled brings about drastic changes in the individual's public identification. He/she is likely to be assumed to have other characteristics of one with the specific label (for example, a "housebreaker" is assumed to have the

characteristic of high potential to break into other houses). The process in which the individual is treated as a generally deviant rather than a specifically deviant person results in a self-fulfilling prophecy. The individual identifies with his/her labeled characteristics and the deviant behavior continues (Becker, 1963).

Regarding enforcement of rules, Becker (1963:122) asserts that "enforcement of a rule is an enterprising act--someone . . . must take the initiative in pursuing the culprit . . . enforcement occurs when those who want the rule enforced publicly bring the infraction to the attention of others; an infraction cannot be ignored once it is made public." Further, one makes an act known to the public because he/she sees advantage in doing so. If it is in one's interest not to have a rule enforced, he/she tries to prevent the acts contrary to the rule from being known. The person who is in the role as an enforcer as a job or status position, needs to justify the role by continually showing that rule infractions exist and that his efforts in addressing these are worthwhile and effective. Because the rule enforcer, given his resources, often cannot cope with the volume of rule breaking which occurs, he has much discretion regarding with whom he will enforce the rule and/or the priority of rules he will enforce (Becker, 1963).

Child Abuse and the Labeling Perspective

Child abuse is considered deviant in all fifty states, as reflected in state statutes prohibiting such behavior. Gelles (1975:364) states that "Because child abuse is social deviance, all the cases that make up the data on incidence, all the explanatory analyses, and all the prevention and treatment models are influenced by the social process by which individuals and groups are labeled and designated as deviants."

Gelles (1975:365) defines the social construction of abuse as "the process by which: a) a definition of abuse is constructed; b) certain judges or 'gatekeepers' are selected for applying the definition; and c) the definition is applied by designating the labels 'abuse' and 'abuser' to particular individuals and families." Further, he points out that the people who are "caught" are different from those who are not, due to variations in who is initially identified, and the processes by which they are labeled.

Gelles (1975:366) therefore proposes that a focus of studies in child abuse and neglect should be on "who does the public labeling of abuse, what definitions or standards are employed, under what conditions are labels successfully applied, and what are the consequences of the labeling process." Further, in looking at who does the

labeling, efforts should be directed at determining who makes the initial report (does the initial labeling) and on who then admits them to the labeling process. "If we have identified the gatekeepers and their definitions, the next thing we need to know is how the gates operate and how the flow of people through agencies works to label some people abusers and other people non-abusers" (Gelles, 1975:367).

Reports on the first proposed focus (who does the initial labeling or reporting) have become increasingly available since the development of central registries for reporting abuse and the establishment of the National Study on Child Neglect and Abuse Reporting in 1973. Approximately half of all child abuse and neglect reports originate from sources mandated by state laws to report suspected cases (medical, school, social service, and law enforcement personnel). Approximately thirty-three percent of reports are from non-professionals, including friends, neighbors, and relatives of abusive families (National Center on Child Abuse and Neglect, 1980c).

Gabarino (1978) found a statistically significant systematic variation in sources of child abuse and neglect reporting: lower income families are most often reported by sources "distant" to them (for example, agencies and institutions), while higher income families are more

likely to be reported by sources closer to the family (neighbors and relatives). Because reports submitted by professionals are more likely to be confirmed than reports submitted by friends or relatives, this bias in reporting represents one of the variables which contributes to selective labeling.

Gelles (1975) most likely proposed his second recommended focus (the definitions or standards used) because one of the primary problems in the comparison of statistics related to child abuse cases which are submitted by different states is the lack of consistent definition of abuse and neglect (National Center on Child Abuse and Neglect, 1980c). States vary regarding the age group which constitutes being a "child". They also differ in the degree to which definitions emphasize intent of abusers to harm, consequences to the victims and specific acts. In the area of child sexual abuse, some states determine whether specific acts are abusive in light of the age difference and relationship between the child and perpetrator and some states include specific mention of behaviors such as involvement in pornographic media in their definitions, while others avoid any attempt at a definition of child sexual abuse by regarding it as a form of physical abuse (National Center on Child Abuse and Neglect, 1979).

That individuals have different perceptions of what constitutes child sexual abuse is borne out in Finkelhor's (1984) 1981 survey of parents in the Boston area. The sample was obtained through probability sampling. The study, in part, attempted to ascertain the variables which influenced the respondents' labeling of vignettes (which described different situations involving child sexual abuse) as abusive. Finkelhor (1984) found that the age of the perpetrator was more important in determining if a situation was perceived as abusive, than the act itself. Other findings included: presence of intercourse contributed to higher assessments of situations as abusive, as did sexual touching; objections by the child increased the probability of a situation being labeled abusive; abuse by males was considered more abusive than abuse by females; perpetrators who abused family members were not considered systematically more abusive than those abusing non-relatives; and, there were no statistically significant differences in the seriousness rating between male and female respondents.

Literature pertaining to conditions under which the label of child abuser is successfully applied (the third focus recommended by Gelles) tend to center on the characteristics of the "judge" or labeler (Rosen, 1980).

Concerning the process by which workers admit clients

to their services (or attach the label necessary to authorize them to services), Golon (1963:287) cites two opposing views to how such decisions are made; "In one, the process is held to be an essentially rational, systematic one, in which the social worker becomes 'a decision-making machine,' into which the input of a decision for action emerges. In the second, the process is viewed as basically intuitive and personalistic, with global judgements arrived at first, followed by a rearrangement of other elements in order to reinforce and rationalize the worker's decision. The general consensus among practioners appears to be that social workers employ both rational and intuitive elements in their decision making."

Similarly, Nagi (1974:47) identifies that "Two general types of decision processes are distinguished: 1) when criteria are explicit and are based upon hard evidence, and 2) when criteria allow for the exercise of judgement and their application thus results in a category of doubtful cases."

Whenever there is a measure of judgement involved on the worker's part in a decision as to eligibility for a label, "under certain conditions an agency will tend to allow benefits or extend services when in doubt, while other conditions lead to the denial of benefits or

services to equally eligible applicants" (Nagi, 1974:49). Consistent with the labeling perspective, these conditions which influence the process of admission to service include: an "applicant's" socioeconomic and educational background; their persistence in pursuing a claim for (or the denial of a need for) service; the worker's socioeconomic background, values, clinical approach, time on the job, and biases regarding stereotypes of appropriate clients; and an agency's availability of service, source of referrals, and procedural guidelines for making such decisions (Nagi, 1974; Gelles, 1975).

Rosen (1980) notes that there are few studies which have been done on decision making in the area of child protective services. Two studies which were completed, however, pertaining to the effect of worker variables (including age, socioeconomic status, attitudes regarding abuse, education, occupation, and marital and parental status), and variables related to the environment in which decisions to label are made (including size of the community, population served, number of reports received, and extent of interface between involved agencies) failed to show any strong evidence that these were associated with workers' assessment (labeling) of cases (Rosen, 1980; Furukawa, 1981).

As indicated in the literature review chapter,

however, there is evidence that characteristics of individuals involved in child sexual abuse are associated with an increased likelihood of being identified and/or labeled as an abuser. These include the perpetrator's gender, socioeconomic status, relationship to the victim, and the source of the report.

Summary of Labeling Theory and Child Sexual Abuse

Labeling theory essentially purports that deviance (such as child abuse) is not a quality in and of itself, but rather, is a label attached to one who breaks the rules of acceptable behavior. These rules are defined by society either formally or informally. Each state in the Union has formal rules or laws prohibiting child sexual abuse. However, these rules vary among the states according to how the individual state defines child sexual abuse; what is prohibited in one state may not be considered illegal in another.

Enforcement of rules against child sexual abuse are dependent upon identification that abuse has occurred. As was discussed in the previous chapter, perpetrators of child sexual abuse generally have strong incentives to keep the abuse a secret. This results in most child sex abusers being secret deviants; they disobey the rules, but because they have not been identified, they are perceived as obeying them.

The enforcement of child sex abuse rules is an enterprising act; protective service workers and others who are involved in child sexual abuse cases must take action once an infraction is made public through a report that abuse is occurring. This action initially takes the form of an investigation, the end result of which is a determination of whether a label of child sexual abuse is appropriate (or whether the case is actually "established"). As Becker (1963) identified of rule enforcers, the volume of rule breaking which occurs often necessitates discretion regarding with whom rules will be enforced and/or the priority of rules to be enforced. This discretion is evident in the selective emphasis on caretaker versus non-caretaker perpetrators and on abuse which is viewed by society as being "more serious" (for example, sexual intercourse versus sexually suggestive statements).

The label is selectively applied, varying with conditions related to the individual, the labeler and the environment in which labeling occurs. The determination of whether one is a child abuser is an act of labeling which is generally accomplished by a protective service worker or team of multidisciplinary workers. Variables which influence the workers' determination of whether or not to label have been suggested, although to date,

evidence supporting the influence of worker and environmental variables is sparse and weak. There is, however, evidence that variables related to the perpetrator (for example socioeconomic status and relation to victim) and source of report affects whether or not a label will be successfully applied.

This study focuses on three major aspects of labeling theory:

- 1) the importance of the rule (or what is prohibited as child sexual abuse according to the definition in use) in gauging who will be viewed as deviant;
- 2) the effect of the circumstances of the case on whether the label will be successfully applied (this includes what type of sexual activity occurred, the duration of abuse, the age of the child when the abuse was initiated, the relationship of the perpetrator and victim, who reported the abuse, to whom the abuse was reported, and the evidence which helps to substantiate that abuse occurred);
- 3) the effect of personal characteristics of the perpetrator on whether the label will be successfully applied. (These characteristics include for example, gender, age, military status, and rank if engaged in active duty.)

The labeling perspective suggests that certain

child sex abuser (by having one's case determined to be "established"). This perspective would be expected to result in significant differences in the populations involved in and the circumstances of cases ultimately labeled "suspected" and "established."

Emphasis on the characteristics of the labeler and of the environment in which the abuse allegedly occurred is very limited in this study. These characteristics are believed to be important considerations for future research, however, and will be discussed further in the concluding chapter.

Child Protection in the Military

The following section reviews the Department of Defense (DoD) directive on child abuse and neglect, and outlines the Family Advocacy Programs specific to the Air Force. Emphasis is placed on the regulations' focus on child sexual abuse.

Department of Defense Directive

The DoD directive, Family Advocacy Program (Number 6400.1, 19 May 1981) serves as the general guidance for the Family Advocacy Program for each branch of the military. It "clearly outlined DoD Policy on child/spouse maltreatment and officially established the Family Advocacy Program under the auspices of the Office of the

Secretary of Defense" (Duva, 1982:2). The directive contains a broad policy framework which addresses prevention, evaluation, and treatment of spouse abuse and child maltreatment and established a registry for each service for reporting child maltreatment, including physical, sexual, psychological, and emotional abuse, and physical and emotional neglect.

The provisions of the directive, with the exception of reporting requirements, pertain to all individuals eligible to receive treatment in a military medical facility. Reporting requirements pertain only to active duty personnel and dependents of active duty.

Key definitions contained in the directive (DoD Directive 6400.1, 19 May 1981, Encl 1) are:

1) Family Advocacy Program: "A program designed to address prevention, evaluation, treatment and reporting of child and spouse maltreatment including: a) physical abuse, b) psychological and emotional abuse, c) sexual abuse, d) physical neglect of children, e) psychological and emotional neglect of children."

2) Child: "An unmarried person, whether natural child, adopted child, foster child, step child, or ward, who is a dependent of the military member or spouse and who either: a) is 18 or under, or b) is incapable of self-support because of a mental or physical incapacity

for which treatment is authorized in a medical facility of the Military Services."

3) Abuse: "Direct physical injury, trauma, or emotional harm intentionally inflicted on a child or spouse."

4) Neglect: "Acts of omission or commission comprising inadequate or improper care that result or could reasonably result in injury, trauma, or emotional harm."

5) Harm: "Includes, but is not limited to:

a. Physical, emotional, or mental injury, including physical injury resulting from otherwise lawful corporal punishment of children . . . that becomes unlawful when it disfigures, impairs, or otherwise traumatizes an individual.

b. A sexual offense, whether assaultive or nonassaultive, accomplished or attempted (as defined in state statutes).

c. Failure to supply a child or dependent with adequate food, clothing, shelter, education . . . or health care, though financially able to do so or when offered financial or other reasonable means to do so. . ."

6) Maltreatment: "A general diagnostic term referring to abuse or neglect."

7) Victim: "An individual who is the subject of

abuse or neglect."

8) Child Abuse or Neglect: "Abuse or neglect in which the abuser or neglecter is responsible for the child's welfare. This includes parents, guardians, or other individuals or agencies charged with the welfare of the child."

9) Family Advocacy Committee (FAC): "A multidisciplinary team of designated individuals, working on the installation level, tasked with the evaluation and determination of maltreatment cases, and the submission and coordination of treatment and disposition recommendations."

10) Central Abuse/Neglect Case Management File (CCMF): "Military Service-wide index of maltreatment reports compiled and maintained by each Service."

11) Case Management Committee (CMC) Case Determinations:

a. Unfounded: "After appropriate investigation by the CMC, a determination has been made that the evidence in a particular case is insufficient to support any suspicion that abuse or neglect did occur. (No report sent to CCMF.)"

b. Alleged: "A sign, symptom, or assertion that maltreatment may have occurred in the absence of any further proof. (No report sent to CCMF.)"

c. Suspected: "Maltreatment may have occurred, but insufficient evidence exists to warrant a determination of established maltreatment. (Report sent to CCMF.)"

d. Established: "After thorough investigation and evaluation by either CMC or another official body (such as court or civilian child protection service agency) that the evidence in a particular case substantiates the belief that maltreatment did occur. (Report sent to CCMF.)"

12) Family Advocacy Officer: "A designated officer to manage, monitor, and provide staff supervision of the Family Advocacy Program at the local level."

The Policy statements of the directive emphasize:

1) support for programs/activities which contribute to a healthy family life or the restoration of a healthy state for those experiencing abuse/neglect;

2) providing a coordinated DoD-wide Family Advocacy Program which directs efforts toward preventing, identifying, evaluating, treating, following up, and reporting child abuse and neglect;

3) encouraging Secretaries of individual services to relinquish legislative jurisdiction as required, subject to military need, to ensure that state laws pertaining to child abuse and neglect are applicable on military

installations;

4) identifying all abusers/neglecters so injuries can be prevented and treatment provided;

5) the need to cooperate with civil authorities in addressing child abuse and neglect problems and reporting cases as required by state law;

6) serving families off base as well as on;

7) cooperation with other programs which may serve many of the same clients;

8) that entry into a Family Advocacy Program in and of itself should not be the basis for punitive action.

The directive gives specific instructions for the Assistant Secretary of Defense (Health Affairs) and the Assistant Secretary of Defense (Manpower, Reserve Affairs and Logistics) or designees, to work together to develop a coordinated approach to Family Advocacy matters, while recognizing that programs should be designed to meet local needs. Also, these Secretaries were instructed to form a DoD Family Advocacy Committee which serves as an advisory body to the services.

The DoD Family Advocacy Committee is directed to monitor the programs, make recommendations for more effective implementation and management, ensure each service provides aggregated data on cases, and use these data to assess trends of abuse, program needs, incidence,

distribution and severity of abuse. It is also directed to keep apprised of research in the area of child abuse and neglect. Additionally, the DoD Family Advocacy Committee was instructed to "develop and implement guidelines and standards for: 1) Family Advocacy Committee and National Center on Child Abuse and Neglect collaboration; 2) program elements and format necessary for uniform Service-wide Family Advocacy Programs; and 3) a uniform, standard DoD incident reporting form and format to be used by all Services" (DoD Directive 6400.1, 19 May 1981:4).

Each Secretary of the individual services was tasked with establishing broad policies for developing the individual service program, developing regulations to implement the Family Advocacy Program within the guidelines of the DoD directive, appointing a Family Advocacy Program Manager to represent the service on the DoD Family Advocacy Committee; and, ensuring each installation commander designates a Family Advocacy Officer and a local Family Advocacy Committee.

Finally, the services' Family Advocacy Program Managers were to manage, monitor, coordinate policy and guidance for their service's Family Advocacy Program; establish a central case management file for each maltreatment case to ensure proper documentation,

treatment, and tracking of cases; and identify and coordinate with the community agencies which provide services in this area, to avoid duplication of effort.

The directive delegated to each service the responsibility of developing its own program regulation which was required to be consistent with the DoD guidelines.

Air Force Family Advocacy Program

The Air Force Family Advocacy Program (AFR 160-38, 5 November 1981) identifies Air Force policy concerning abuse and neglect, and serves as the instrument for implementing the DoD Family Advocacy Program directive.

Primary responsibility for the Air Force program is delegated to medical personnel. The Director of Base Medical Services (DBMS) chairs the interdisciplinary committee (Child Advocacy Committee) which is tasked with reviewing each reported case of child maltreatment and recommending initial case management and follow-up. The Child Advocacy Committee completes an AF Form 120--Child Advocacy Committee Report--on each case. This form designates whether a case is considered to be "suspected" or "established."

The DBMS designates a Family Advocacy Officer, who is a clinical social worker, if available, or another medical service officer with an academic background in the

behavioral sciences, if a social worker is unavailable. The Family Advocacy Officer develops and coordinates the educational and service delivery programs offered through the Family Advocacy Program to prevent, identify, and assist victims and perpetrators. Additionally, the Family Advocacy Officer establishes liason and referral procedures with civilian health and welfare organizations and maintains the child advocacy files on all reports.

Under the Air Force regulation, abuse is defined (Para 1d) as "physical injury or emotional disturbance inflicted by other than accident, as evidenced by, but not limited to scratches, lacerations, skin bruising, bleeding, malnutrition, sexual molestation or abuse, burns, bone fractures, subdural hematoma, soft tissue swelling, and unexplained death; or where the history given concerning such condition is at variance with the degree or type of the condition, or where circumstances indicate that the condition may not be the product of an accidental occurrence." Further specification of the definition of child sexual abuse is not given.

The definition of "abuser or neglecter" restricts him/her to being in a "caretaker" relationship with the child: "military personnel or member of the household who is directly or indirectly responsible for the resultant neglect or abuse that occurs to the child. A 'caretaker'

relationship must exist between the child and the abuser or neglecter." (Department of the Air Force, 1981; Section A, para 1g)

No guidance is given as to how an "established" case is defined. All cases which are not determined to be "established" by the Child Advocacy Committee are categorized as "suspected." Only information on established cases is forwarded to the central registry through the command. Data on suspected cases are retained in local files only.

The Relation of these Conceptual and Explanatory
Frameworks to this Study

Finkelhor's (1984) Four Precondition Model of Sexual Abuse allows for a wide variety of circumstances in child sexual abuse cases. The labeling perspective maintains that deviance is deviant because it is so labeled and that the process by which one receives a label of deviant (or in this case, "abuser") is a selective one. Together these models suggest that while many different types of sexually abusive relationships may be experienced by children, only selected perpetrators of that abuse will be actually labeled as deviant or as an "established child sex abuser."

The review of the DoD and Air Force Family Advocacy Program regulations reveal that the regulations allow a

great deal of latitude to the individual installations as to how sexual abuse cases will be defined, investigated, managed, and followed-up, and how case determinations will be made. This latitude enables biases in the identification and substantiation or labeling process.

Because these biases are expected to occur, the military environment is considered to be an excellent source for research which aims, in part, at detecting these biases.

Research Questions to be Answered and Hypotheses to be Tested

The following sections review the research questions addressed in this study. The final section which deals with differences in established and suspected cases also specifies the hypotheses tested in this research endeavor.

Focus One--Definitions of Child Sexual Abuse in Use in Family Advocacy Programs at Air Force Installations

The first focus of the study was on the definitions of child sexual abuse utilized in the Family Advocacy Programs at Air Force installations. Data were collected related to elements contained in the definitions to determine if there were significant differences in the child's age and the sexual activity required or whether a caretaker relationship was required for a report to be

considered established child sexual abuse. The research questions addressed regarding the definitions in use were:

1) Do Air Force installations use state statutes or military regulations in defining child sexual abuse?

These two sources could supply contradictory definitions of child sexual abuse. The answer to this question could identify a primary source of differential identification and management of child sexual abuse reports within the Air Force.

2) Are there any age differences among Air Force installations regarding the age at which a child is no longer considered a victim of child sexual abuse?

No differences are expected because each installation presumably utilizes the DoD definition of child. However, if installations do use state statutes to define child sexual abuse, the age at which a child is no longer considered a victim of child sexual abuse could vary from that specified by DoD.

3) Are there differences in the types of activity considered by installation Family Advocacy Program personnel to be child sexual abuse?

The absence of a specific definition of child sexual abuse in either the Department of the Air Force Family Advocacy Program regulation or its parent DoD directive leaves the references to child sexual abuse sufficiently

vague to allow for a wide range of behaviors which can be considered abuse. "Types of sexually abusive behavior" of interest in this study included those not involving force, intercourse, or even physical contact, as allowed by the definition of child sexual abuse in use. For analysis purposes, types of sexually abusive behavior were categorized according to behaviors which involve no physical contact (for example, sexually suggestive statements and making child review pornographic materials), non-genital/anal touching (for example, intimate kissing and stroking of breasts), anal/genital touching (for example, masturbation and fellatio), anal/genital penetration (for example, digital penetration of the vagina and intercourse) and "other" (for example, non-specified abusive behaviors and forced participation in sexual activities with others).

4) Are there differences among Air Force installations regarding the requirement for a caretaker relationship to exist between a perpetrator and victim for an allegation of child sexual abuse to be considered an appropriate referral to the installation Family Advocacy Program?

The Air Force Family Advocacy Program regulation restricts the definition of an abuser to one in a caretaker relationship to the child, while not otherwise

allowing for Family Advocacy Program handling of child sexual abuse reports involving non-caretakers. Adherence to this limitation on cases which are considered appropriate for Family Advocacy Program intervention could result in non-availability of services for victims, perpetrators, and their families when abuse by a non-caretaker is identified.

5) Are there other differences among the installations regarding qualifications placed on child sexual abuse cases for them to be considered appropriate referrals to the Family Advocacy Programs?

The use of differential requirements for cases to meet certain criteria could be a primary source for the lack of standardization in the identification and management of child sexual abuse cases among Air Force installations.

Focus Two--Characteristics of Child Sexual Abuse Cases

The second focus of the study was a descriptive analysis of the characteristics of the child sexual abuse cases reported to Air Force installations. The research question to be answered was "What is the nature of selected characteristics of child sexual abuse cases reported to the Air Force Family Advocacy Programs?" The characteristics of interest in this study were the following:

1. the victim's age at the time of the report (in

years and months);

2. the victim's gender;

3. the victim's age at the time the abuse began (in years and months);

4. the victim's race/ethnic group;

5. the alleged perpetrator's age (in years);

6. the alleged perpetrator's gender;

7. the alleged perpetrator's military status;

8. the alleged perpetrator's rank (if active duty);

9. the alleged perpetrator's career field area (if active duty);

10. the alleged perpetrator's marital status at the time of the report;

11. the alleged perpetrator's race/ethnic group;

12. the alleged perpetrator's relationship to the victim;

13. the type of sexual activity involved;

14. the number of occurrences of abuse experienced in that perpetrator-victim relationship;

15. the duration of the time period over which multiple abusive incidents occurred;

16. the source of the initial report to a professional;

17. the professional source to whom the report was initially made;

18. the professional position of the individual who conducted the initial interview of the victim;

19. the professional position of the individual who conducted the initial interview of the perpetrator;

20. the professional position of the individual who conducted the initial interview of the victim's parents;

21. the sequential order in which the victim, perpetrator, and victim's parents were interviewed;

22. the indicators present in the case which suggested that the abuse actually occurred or which suggested that the case should be identified as an established rather than suspected case;

23. the status of the case: suspected or established.

Focus Three--Differences in Case Characteristics Between "Suspected" and "Established" Cases

The final focus of the study was on the differences in the child sexual abuse case characteristics (listed in Focus Two above) between the cases categorized as suspected or established. The hypotheses tested related to this focus were:

1. The rank of military perpetrators will be lower among the established cases.

The higher one's socioeconomic status, the less likely he/she is to be labeled as deviant or "abuser" (Gabarino,

1978; Gove, 1980). Therefore, higher ranking perpetrators, who generally have higher socioeconomic status than lower ranking individuals, would be expected to receive the label of child sexual abuse less often.

2. There will be more activities involving anal/genital contact or penetration in the "established" category.

Gove (1980) notes that acts for which a community has less tolerance are more likely to be labeled deviant. Finkelhor (1984) reports that acts involving anal or genital contact are perceived as more abusive than activities which do not involve touching. Therefore, the activities viewed as more serious (more intrusive) forms of abuse are expected to be more likely to be in an "established" category.

3. There will be more professionals listed as the source of initial reports of sexual abuse among the cases in the "established" category of child sexual abuse.

Approximately one-half of all child abuse and neglect reports are made by professionals (National Center on Child Abuse and Neglect, 1980c). Reports submitted by professionals are more likely to be substantiated than those submitted by friends and relatives of victims (Gabarino, 1978). Therefore, reports by professionals are expected to be more likely to be determined to be

"established."

4. There will be more evidence that abuse occurred among cases of child sexual abuse in the "established" category.

Child protection service workers are now expected to make assessments based upon factual evidence rather than impressions and judgements that are not supported by objective data (Stein and Rzepnicki, 1983). The more evidence which exists to help substantiate that abuse occurred, the more likely teams will determine a case to be "established." In this study, the "amount" of evidence present in a case was compared according to the number of evidential factors present in the case and the number of positive assessment factors present. The former refers to factors which involve direct or circumstantial evidence (such as perpetrator confession or genital injury to the child) and the latter refers to opinions rendered by professional sources involved in a case that abuse did in fact occur. In order to obtain a gauge of the importance of selected evidential and positive assessment factors, differences in suspected and established cases related to these factors were also analyzed.

A research question to be addressed regarding this focus was:

1. Are there any differences in the other case

characteristics between the two categories?

Differences in the other case characteristics could suggest variables which contribute to the labeling process. Additionally, as Jason, Williams, Burton and Rochat (1982) have identified, differences in characteristics between these categories could help to suggest variables which are associated with risk of abuse.

Chapter Summary

This chapter has described the conceptual frameworks on which this study was based. The DoD and Air Force Family Advocacy Program regulations were reviewed to provide the reader with an understanding of how the Family Advocacy Program was structured at the time of the study. The chapter concluded with identification of the research questions and hypotheses addressed through this research. The following chapter will describe the methodology designed to research these hypotheses and to address the research questions.

Chapter 4

Methodology

This chapter will discuss the methodology used in the study. The study design utilized will be identified first; this will be followed by a discussion of the survey design and method, population studied, data collection method, and plan for analysis.

Study Design

This study employed a survey method in which the Family Advocacy Officers (FAO) at each of the 121 Air Force installations having a Family Advocacy Program were asked to complete questionnaires regarding their installation's Family Advocacy Program, the installation's definition of child sexual abuse, and the characteristics of each case of child sexual abuse reported in 1985. Because each Air Force installation to which Air Force personnel can be assigned with their families has a Family Advocacy Program, this design enabled each base at or near which Air Force dependent children were likely to be present to be included in the research.

The survey method was selected because it enabled collection of data from a large number of locations

scattered throughout the world. As Kerlinger (1973:422) has pointed out, "survey research has the advantage of wide scope: a great deal of information can be obtained from a large population."

The individuals selected to receive the survey instruments and the request to participate in the study were the FAOs at each of the 121 Air Force installations. These individuals were selected because they were expected to be the personnel with the most reliable information regarding the nature of the child sexual abuse reports made at their installation and about the definition of child sexual abuse used there. Because the DoD directive and Air Force Family Advocacy Program regulation allow individual installations to establish programs to meet local needs, variation among the installations regarding the extent to which these family advocacy personnel actually became involved in the cases was expected (in some areas local child protective service units have taken more responsibility for the cases than in others). However, because the FAOs serve as the coordinators of child sexual abuse reports made to the installation Family Advocacy Program and because they maintain the records on these cases, regardless of the extent to which the worker was involved in investigation or treatment, he or she was expected to have the majority of the information on the

case which was available to installation personnel.

Because all Air Force FAOs were sent a survey packet, the study did not utilize a sampling procedure to obtain respondents. However, the data were collected from only a subpopulation of the total population of FAOs since participation in the survey was voluntary.

Survey Design

Because there were no existing instruments to measure the data required for the study, this author designed the measurement instruments. Questions included in the survey were intended to collect data on each of the issues raised in the research questions and hypotheses to be tested (See Chapter 3).

The survey consisted of two sections. The first, "Family Advocacy Program and Child Sexual Abuse Case Information for Individual Bases" (Appendix A), addressed information related to the respondent, the definition of child sexual abuse used at the military installation, and the numbers of child sexual abuse cases reported in 1985. Brief information on the respondent was included to enable verification that family advocacy personnel designated as the study population were in fact the ones who completed the survey and to obtain a gauge of the FAOs' experience with Family Advocacy Program matters and their lengths of time with the installations' Family Advocacy Programs.

In this first section of the survey, respondents were asked to review a checklist which contained elements which could be included in definitions of child sexual abuse and to identify which elements were included in the definition utilized by that installation (for example, one element addressed whether a "caretaker" relationship was included in the definition). Another major portion of this section of the survey included a checklist of behaviors frequently discussed as sexually abusive behaviors. Respondents were asked to indicate which behaviors were in fact considered possible child sexual abuse behaviors at their installation.

The second section of the survey, "Child Sexual Abuse Case Characteristics", (Appendix B), consisted of questions related to selected characteristics of those involved in the alleged abuse, of the alleged behavior, and of the action resulting from the report of the abuse. These questions were designed to elicit data on each of the case characteristics identified in Chapter 3. The FAOs were asked to complete one "Child Sexual Abuse Case Characteristics" form for each report of child sexual abuse received in 1985.

Once the survey instruments were drafted, three Air Force social workers who were not then assigned as FAOs were asked to review the instruments for inclusiveness,

clarity, and relevance. The Air Force Family Advocacy Program Manager and personnel at the Military Family Resource Center were also asked to review the survey instruments and to provide suggestions for revisions. The recommendations from these individuals were then used to revise the questionnaire and to prepare the instruments in their final forms.

After the questionnaires were written in final form, it was necessary to obtain permission from the Department of the Air Force to conduct a survey among Air Force personnel. A summary of the research proposal, questions and hypotheses to be addressed and the survey instruments were therefore submitted to the Department of the Air Force, Headquarters Air Force Manpower and Personnel Center, Personnel Survey Branch, Randolph AFB, TX on 9 December 1985. Authorization to conduct the survey was granted 18 February 1986 and the study was assigned survey control number USAFSCN 86-27.

Approval for the survey was also sought and received from the the Human Subjects Committee, Florida State University (Appendix C).

Survey Method

The mailed questionnaire survey method was selected for this study due to the geographical diversity of the sources from whom the data needed to be collected.

Because data were desired on as large a number of child sexual abuse reports and from as many different Air Force installations as possible, all 121 installations which had a Family Advocacy Program were selected for inclusion in the study. Analyses of data from each of these installations were not expected to be unwieldy, although first hand collection of the data from records at each of these locations would have been prohibitively expensive in terms of the time and travel required of such an undertaking. Retrieval of the data from copies of the child sexual abuse case reports mailed to this author from each installation also had to be ruled out, since forwarding of such case materials to this author was inconsistent with DoD privacy act policies.

In order to ensure that the survey instruments were forwarded to the appropriate person at each installation, a list of all FAOs and their addresses were obtained from the Family Advocacy Program Manager in February 1986.

The Air Force Family Advocacy Program Manager was also asked to supply a letter of support for the study (Appendix D). This letter was designed to help reassure FAOs that the release of the requested data was sanctioned by the Department of the Air Force. It encouraged FAOS to complete the survey and stressed both the voluntary nature of participation in the study and the importance of

providing the requested information.

To further support participation in the study, LtCol Jim Jenkins, Consultant for Social Work, Office of the Surgeon General, arranged for this author to introduce the research study at the Social Work Task Force Critical Issues Conference the first week of March 1986. This conference was held the week after the survey packets had been mailed. Approximately 50% of the FAOs were in attendance. Following the introduction of the study, LtCol Jenkins stressed the importance of research on issues related to Air Force Social Work and encouraged FAOs to participate in completing the survey.

Population Studied

The study encompassed all individuals who were assigned duties as Air Force FAOs at each of the 121 Air Force installations having Family Advocacy Programs. These FAOs in turn reported on characteristics of the identified child sexual abuse victim and perpetrator population of interest to the study.

The FAOs were primarily active duty clinical social workers (Air Force Specialty Code 9196) who were required to have a minimum educational background of a Master of Social Work for entry on active duty. The majority of the FAOs were assigned to FAO duties as additional responsibilities to primary duties in Air Force mental

health clinics.

The FAOs to whom questionnaires were forwarded included: 92 males, 29 females; 113 active duty personnel, 8 civilian government employees; 33 field grade officers (those in ranks of major through colonel) and 80 company grade officers (first lieutenants and captains). The installations at which these FAOs were located included 85 installations in 39 different states and district, 7 installations in the Far East and Pacific regions, 28 installations in the European and Middle Eastern areas and 1 in the Central America region. The FAOs included 39 who were assigned to clinics, 68 located at hospitals, 6 at regional hospitals, and 8 assigned to large regional medical centers.

Data Collection

Data for this study were collected from surveys completed by Family Advocacy Program personnel.

Each installation was assigned a number from 1 through 121. The installation's number was recorded on the upper right hand corner of the "Family Advocacy Program and Child Sexual Abuse Information for Individual Bases" form. This numbering system was designed to allow followup with FAOs who did not return completed surveys after a five week period.

A numbered survey packet was forwarded to each FAO on

25 February 1986. The packet included a cover letter by this author (Appendix E), the letter of support from the Family Advocacy Program Manager (Appendix D), one copy of the "Family Advocacy Program and Child Sexual Abuse Information for Individual Bases" form (Appendix A), twenty-five to forty copies of the "Child Sexual Abuse Case Characteristics" forms (Appendix B), and a stamped, addressed return envelope. The installations were sent multiple copies of the case characteristics form to help ensure that FAOs had a sufficient number to complete questionnaires on each case of child sexual abuse reported in 1985. Twenty-five to forty of the latter forms were believed to be sufficient to cover all 1985 child sexual abuse reports at each installation. However, in the cover letter containing directions for completion of the survey, respondents were encouraged to make or request additional copies as needed.

The FAOs were asked to return the completed survey packets by 25 March 1986, which was four weeks after they were mailed. Through the number tracking system, non-respondents were identified. All individuals who had not returned a survey packet by 1 April 1986 were sent a followup letter (Appendix F), again requesting participation in the study. Requests for additional forms or new survey packets were granted for two weeks following

the mailing of the followup letter. Data collection were discontinued on 23 April 1986, eight weeks after the survey packets were originally mailed, and three weeks after the followup letters were forwarded. Only data received by 23 April 1986 were considered for analysis.

Data Analysis Procedures

Data were analyzed using the Statistical Package for the Social Sciences. The primary types of statistical procedures utilized are briefly summarized below.

Frequencies were obtained on each of the variables in order to ascertain the distribution, range, and means of the data. This information was used in the descriptive analysis of the variables.

Crosstabulations were obtained on sets of categorical variables. The variables selected for pairing in the crosstabulations were those commonly reported together in the literature. Additionally, some pairs were selected in the hope that they could provide new information, particularly with military variables or other variables which have received little previous attention in the literature.

Prior to the analysis, certain pairs of variables were selected for tests of the statistical significance of the differences in numbers of cases falling into the applicable categories or for the differences in the means

of the variables (in the case of continuous variables). When the variables were categorical, chi square tests were used; t-tests were used when the variables were continuous. In both cases, the .05 alpha level was used. Additionally, when selected pairs of variables both involved continuous or interval data, Pearson Product Moment Correlations were obtained as a measure of association. The variables selected for testing were those necessary for testing the specified hypotheses or, again, those frequently discussed in the literature or which were believed to be able to provide valuable information in previously unaddressed areas.

The findings resulting from this analysis are reported in Chapter 5.

Chapter 5

Results

The following chapter will present findings derived from the analysis of completed surveys. The chapter will be divided into five major sections. 1) The first will briefly review data related to the survey respondents; 2) the second will address the first focus of the study, dealing with definitions of child sexual abuse in the Air Force; 3) this will be followed by a review of data related to focus two of the study, the characteristics of the reported child sexual abuse cases; 4) the next major section will address focus three, the differences between characteristics of reports which were categorized as established and suspected; 5) the chapter will conclude with presentation of the results of statistical analyses which viewed respondent, definition, and report data in relation to the substantiation of case reports.

Survey Respondents

Completed surveys were received from 58 (48.8%) of all FAOs. An additional 3 (2.5%) FAOs responded to the follow-up letter indicating that they had not received the original survey packet. All three of these FAOs were

located at overseas installations; their requests for survey packets were received too late to allow them to be included in the study.

Of those FAOs who completed the survey: approximately 49 (85.9%) were male, 9 (14.1%) were female; 55 (94.8%) were active duty, 3 (5.2%) were civilians; 16 (27.6%) held field grade ranks (major through colonel), 36 (62.4%) were company grade officers (lieutenants or captains), 3 (5.2%) were enlisted personnel who worked with their installation's FAOs, and one was an enlisted individual assigned as a FAO. The respondents included 55 FAOs (94.8%) and 3 (5.2%) mental health technicians who assisted in the installation Family Advocacy Program. (Future reference to FAOs will, however, include these three technicians.) Fifty-three (91.4%) of respondents were social workers, one (1.7%) was a physician, and four (6.9%) were mental health technicians.

The respondents included 40 (68.9%) FAOs who were assigned to 20 different states, 4 (7%) who were assigned to the Far East or Pacific theatre, and 14 (24.1%) who were stationed at installations in Europe or the Middle East. Seventeen (29.3%) of the respondents were assigned to Air Force clinics, 35 (61%) were at hospitals, 2 (3.4%) were at regional hospitals, and 4 (6.9%) were at regional medical centers.

Respondent Experience and Involvement with the Family
Advocacy Program

Respondents had experience with the Air Force Family Advocacy Program for a range of 3 months to 16.5 years. The mean length of experience with the program was approximately 6.11 years. Fifteen (26.8%) of the FAOs had less than 2 years of Family Advocacy Program experience, while 29 (51.8%) had at least 6 years, and 17 (21.4%) had more than 10 years.

Respondents had been working with the Family Advocacy Program at the installation to which they were assigned at the time of the survey for a range of 2 months to 16.5 years. The mean length of time with their current installation's Family Advocacy Program was approximately 2.25 years. Twenty (34.5%) had less than 14 months experience with their installation's program, indicating that these 20 individuals were not assigned to the surveyed installation for the whole of 1985. Thirty-nine FAOs (67.2%) had been with their installation's program for less than 2 years, while 8 (13.8%) had 3 or more years experience with the installation Family Advocacy Program reflected in the survey.

The amount of time the FAOs reported spending on the child abuse and neglect aspect of the Family Advocacy Program ranged from 0 to 50 hours per week. The mean

number of hours per week devoted to these duties was 13.09, although approximately 50% of the FAOs spent 8 or less hours on this area of the Family Advocacy Program. Less than 16% of the FAOs worked on child abuse and neglect related matters at least 20 hours per week.

FAOs reported spending between 0 and 40 hours per week in direct contact with child abuse and neglect victims, perpetrators, and the families of these victims and perpetrators. The mean number of such direct contact hours was 6.2 per week. Over 50% of the respondents reported having less than 4 hours per week of direct contact with these clients.

Sources of Child Sexual Abuse Definitions

FAOs reported that a variety of sources were used in determining their installation's definition of child sexual abuse; Table 1 summarizes these sources. Just under half ($n=27$, 46.6%) of the FAOs reported that their definition was drawn strictly from military sources. Of these, 17 used a military regulation, one used an installation regulation, seven used a combination of base and military regulations, and two used other sources such as a command level supplement to the Air Force Family Advocacy Program regulation or guidance from military sponsored training programs. Ten (17.2%) of the FAOs reported that their installations used a state statute

Table 1

Sources of Child Sexual Abuse Definitions Used by
Installations

Source	Installations	
	n	%
Military	27	47.4
State	10	17.5
Combination	8	14.0
No Specific Definition Available	12	21.1

N=57.

only to define child sexual abuse. Twelve (20.7%) installations reportedly used some mixture of military sources and state statutes. Eight (13.8%) of the FAOs reported that their installations used no specific guidelines in defining child sexual abuse for their installation Family Advocacy Program.

Elements Contained in Definitions of Child Sexual Abuse

According to the respondents, there were differences in whether selected elements of a child sexual abuse definition were contained in the installations' Family Advocacy Program definition of child sexual abuse. Respondents were asked to indicate whether any of 14 elements identified in the questionnaire were incorporated (in actual practice) in the installation Family Advocacy Program to determine if a report would be considered possible child sexual abuse. The results of these replies are summarized below.

Thirty-seven installations (63.8%) reportedly require that a child be a military dependent in order to be managed by the Family Advocacy Program as a victim of child sexual abuse. All but three FAOs (5.2%) reported that their installations define "child" victim in accordance with the Air Force Family Advocacy Program regulation (See Chapter 3 for definition of "child"). Only one (1.7%) FAO indicated that only females were

considered victims of child sexual abuse.

A minority of the Family Advocacy Programs ($n=12$ or 20.7%) require that individuals be active duty military members or their spouses in order to be considered perpetrators of child sexual abuse. A minority (8 or 13.8%) also require that the perpetrator be age 18 or over or that the perpetrator be at least five years older than the victim (6 or 10.3%). There is more disagreement as to whether a perpetrator has to be in a caretaker relationship with a child in order for the case to be managed by the Family Advocacy Program: 36 (62.1%) of FAOs indicated that such a relationship was required. Two installations (3.4%) further restrict a label of perpetrator to males.

The installations were essentially in agreement regarding most limitations placed on alleged abusive acts considered to be appropriate child sexual abuse referrals to Family Advocacy Programs. The majority of installations (54 or 93.1%) do not limit the behaviors to acts of intercourse, and 53 (91.4%) do not require that alleged offenses involve some form of force.

There was somewhat less agreement, however, regarding whether the acts must involve physical contact: 14 (24.1%) require the allegations to specify physical contact occurred. The installations were divided as to

whether child sexual abusive acts must involve the use of the child for the sexual stimulation of the perpetrator or another person; 30 or 51.7% include this stipulation in determining if a report is an appropriate child sexual abuse referral to the installation's program.

Three FAOs reported that their installations used additional stipulations in their definition of child sexual abuse. At two installations the victim and perpetrator must be in an intrafamilial relationship and the abuse must occur within the geographical bounds of the installation at the third base.

Crosstabulations were performed using each of the 14 specified elements which could potentially have been incorporated into installation definitions of child sexual abuse and the source of that installation's definition. Utilizing chi square tests, there were no statistically significant differences at the .05 alpha level in the numbers of installations which included any of the 14 elements when considered according to the source from which the installations derived their definition of child sexual abuse.

Ages at Which Children Were No Longer Considered Victims
of Child Sexual Abuse

The majority of FAOs were in agreement regarding the ages at which their installation no longer considered a

child a victim of child sexual abuse. Fifty-three (91.4%) reported this age to be 18; 1 (1.7%) reported the child had to be 16 or less; 2 (3.4%) reported the child had to be 19 or less; and 1 (1.7%) required the child to be 21 or less. One FAO left this item blank. There were no statistically significant associations at the .05 alpha level, noted between the installations' child sexual abuse age limits and the source of the installations' child sexual abuse definitions, $\chi^2(4, N=57)=6.234$.

There was somewhat less agreement regarding the age at which the civilian communities in which the installations were located no longer considered one a victim of child sexual abuse. This age was 13 in one community, 16 at 3 (5.2%) of the local communities, 18 at 42 (72.4%) of the locations, and 19 at 2 (3.4%) of the communities. This item was left blank by 10 respondents (17.2%).

Behaviors Considered to be Child Sexual Abuse

Table 2 summarizes the specific types of behavior that were considered forms of child sexual abuse according to the number of respondents who indicated that such behaviors were viewed as abusive at their installations.

The majority of disagreement on behaviors which were considered differentially abusive were the behaviors which excluded contact between perpetrator and victim. A number of the installations (indicated in parentheses) were

Table 2

Number of Installations at Which Specified Behaviors Were
Considered Child Sexual Abuse

Behavior	Considered Abusive	
	Yes	No
<u>Non-contact Behaviors</u>		
1. Sexually suggestive statement made to a child.	39(67%)	18(31%)
2. Verbal request by perpetrator to participate in sexual activity (not acted upon)	46(79%)	11(19%)
3. Perpetrator nudity around child.	41(76%)	16(28%)
4. Perpetrator disrobing in front child.	34(59%)	23(40%)
5. Perpetrator exposure of genitals to child.	52(90%)	5(9%)
6. Observation of child in some state of undress.	17(29%)	40(69%)
7. Making child observe sexual activity by others.	53(91%)	4(9%)
8. Involvement of child in re-viewing pornographic material.	53(91%)	4(9%)
<u>Non-Anal/Genital contact</u>		
9. Intimate kissing of child.	53(91%)	4(9%)
10. Fondling of child by perpetrator.	56(97%)	1(2%)
11. Fondling of perpetrator by child.	56(97%)	1(2%)
<u>Anal/Genital Contact</u>		
12. Masturbation of child by perpetrator.	57(98%)	0)
13. Masturbation of perpetrator by child.	56(98%)	1(2%)
14. Fellatio (perpetrator fellating child)	57(98%)	0
15. Fellatio (child fellating perpetrator).	56(97%)	1(2%)
16. Cunnilingus (perpetrator having oral contact with child's vagina).	57(98%)	0
	(continued)	

Table 2, Continued

Number of Installations at Which Specified Behaviors Were
Considered Child Sexual Abuse

Behavior	Considered Abusive	
	Yes	No
<u>Anal/Genital Contacts, continued</u>		
17. Cunnilingus (child having oral contact with perpetrator's vagina).	56(97%)	1(2%)
18. "Dry intercourse" (rubbing of penis against child's genital-rectal area or inner thighs).	57(98%)	0
19. "Dry intercourse" (rubbing of penis against perpetrator's genital-rectal area or inner thigh).	57(98%)	0)
<u>Anal/Genital Penetration</u>		
20. Anal penetration of child with finger or inanimate object.	57(98%)	0
21. Anal penetration of perpetrator with finger or inanimate object.	57(98%)	0
22. Penile penetration of child's anal or rectal opening.	57(98%)	0
23. Penile penetration of perpetrator's anal or rectal opening.	57(98%)	0
24. Penetration of child's vagina with finger or inanimate object.	57(98%)	0
25. Penetration of perpetrator's vagina with finger or inanimate object.	56(97%)	1(2%)
26. Penile penetration of child's vagina.	57(98%)	0
27. Penile penetration of perpetrator's vagina.	56(97%)	1(2%)
<u>Other Behaviors</u>		
28. Making child participate in sexual activity with others.	57(98%)	0
29. Involvement of child as an "actor" in pornographic material.	57(98%)	0
30. Other	1(2%)	56(97%)

Note: Data were missing from one respondent. Percentage figures do not sum to 100 due to rounding.

reported not to view the following behaviors as forms of child sexual abuse: sexually suggestive statement made to child (18, 31%); verbal request by perpetrator for child to participate in sexual activity, not acted upon (11, 19%); perpetrator nudity around child (16, 27.6%); perpetrator disrobing in front of child (23, 39.7%); perpetrator exposure of genitals to child (5, 8.6%); and observation of child in some state of undress (40, 69%). These descriptive statistics may not represent a true picture of the extent to which these behaviors were viewed as sexually abusive, however. Of the FAOs who indicated these behaviors were not viewed as abuse, five reported that there was either disagreement among the Child Advocacy Committee as to whether they were abusive acts, or noted that it was conceivable that the context in which these behaviors occurred could make the act abusive.

As indicated in Table 2, the vast majority of respondents reported the remaining behaviors as abusive. One FAO also added that perpetrator masturbation of him or herself in front of a child would be considered sexually abusive.

There were no statistically significant associations between reports of whether the listed behaviors were considered abusive and the source of the installations' child sexual abuse definitions.

Number of Cases Reported to Installation Family
Advocacy Programs

A total of 2,190 reports of child abuse or neglect were received at the 55 installations from which these data were collected. Three FAOs failed to report this information.

The FAOs indicated that their installations' Family Advocacy Programs had received between 0 and 246 reports of child abuse and neglect during 1985. The mean number of cases reported to the programs was approximately 40, although less than 50% of the installations received 33 or more reports.

A total of 388 child sexual abuse cases were reported at the 58 installations. The installation Family Advocacy Programs received between 0 and 53 reports of child sexual abuse in 1985. The mean number of sexual abuse cases reported at the installations was 6.69. Less than 50% (46.6%) of the programs received over 4 reports of child sexual abuse. See Table 3 for a breakdown of the number of reports received by the installations.

Of the total number of child sexual abuse cases reported to the 58 installations, 217 were reported to be "established," 158 were "suspected," and 13 were pending determination as to whether they were substantiated or not. In the case of the latter, the Child Advocacy

Table 3

Number of Child Sexual Abuse Reports Made to Individual Installations

Cases	Installations	
	n	%
Over 25	2	3.4
20-24	0	0
15-19	3	5.2
10-14	7	12.1
5-9	14	24.1
0-4	31	53.4
Missing	1	1.7

Committees had not yet made a judgement regarding whether the case was to be listed as established or suspected.

Statistical analyses using Pearson Product Moment Correlations and chi squares were performed to determine if there were statistically significant relationships between the number of child abuse or neglect reports (and specifically the number of child sexual abuse reports) received by the installations and selected variables related to the FAO and Family Advocacy Program. The number of child abuse and neglect reports received was significantly correlated with the number of hours the FAO spent in doing duties related to child abuse and neglect matters, $r=.7264$, $N=54$, $p=.001$, and the number of hours the FAO spent in direct contact with victims, perpetrators and their families, $r=.7264$, $N=53$, $p<.01$.

The number of sexual abuse cases reported was positively correlated with the overall number of child abuse and neglect reports received, $r=.8395$, $N=55$, $p=.001$. Using chi square test with an alpha level of .05, the presence of the elements of the child sexual abuse definition previously discussed were not statistically related to the number of child sexual abuse cases reported. One exception to this was that the requirement for a caretaker relationship between perpetrator and victim was significantly associated with the number of

child sexual abuse cases, $\chi^2(4, N=58)=10.108$, $p<.05$. The installations which did not require a caretaker relationship accounted for the two bases with 20 or more reports, while those which did require a caretaker relationship accounted for 10 of the 11 installations at which 10 to 19 child sexual abuse reports were reported.

Neither the source from which the definition of child sexual abuse was derived nor the presence of any of the elements of the child sexual abuse definition previously discussed were statistically related to the number of child sexual abuse cases reported. Similarly, the ages at which the installations or their surrounding civilian communities defined an individual as a potential victim of child sexual abuse were statistically unrelated at the .05 alpha level to the number of referrals received, $\chi^2(3, N=57)=.788$ and $\chi^2(3, N=48)=3.377$, respectively. This finding was not surprising however, since there were so few installations in which either maximum age deviated from 18. The number of child sexual abuse reports received was statistically related to the number of hours an FAO spent on family advocacy duties (which included administrative as well as client contact hours), $r=.5181$, $N=57$, $p=.001$, but was unrelated at the .05 alpha level to the number of direct contact hours spent with victims, perpetrators and their families, $r=.1272$, $N=55$. Both the

number of suspected cases and the established cases increased as the number of child sexual abuse reports received increased.

Case Information

Information was collected on a total of 376 child sexual abuse reports which were summarized on the "Child Sexual Abuse Case Characteristics" questionnaires by the 58 survey respondents. No explanations were available from respondents regarding the remaining 12 reports which had been received at the installations, but for which case data were not submitted. Of these 376 cases, 209 were established, 154 were suspected, and 13 were "pending".

The following sections present the data from the 376 reports. The individuals reported as the victims and perpetrators are variously referred to as "victims," "referred victims," "reported victims," "perpetrators," and "alleged perpetrators". It should be noted, however, that the only individuals to whom the term "victim" and "perpetrator" officially apply are those involved in cases categorized as established. These terms are used in the following discussion in referring to individuals involved in suspected and pending cases, as well as in established cases, in order to facilitate reporting of findings.

Further, in order to avoid repetitious wording, data related to suspected and pending cases are not always

qualified by terms such as "allegedly" or "reportedly." However, it should be understood that data collected from suspected and pending cases reflect incidents which allegedly occurred, and which may or may not have occurred in actuality.

Victim's Age

The referred victims ranged in age from 4 months to 19 years at the time the child sexual abuse reports were made. The average age of the victims at the time of the report was 8.56 years. Over half (57.1%) of the reported victims were nine years old or younger. Table 4 lists the number and percentage of the reported victims according to age groups.

Statistically significant differences were noted in the ages of reported male and female victims, $t(143)=-3.05$, $p<.01$. The boys were younger, with a mean age of 7.28; the mean age for girls was 8.94.

There were no noted significant differences at the .05 alpha level in the victims' ages for the different racial/ethnic groups, $\chi^2(8, n=314)=4.35$.

Victim's Age at Initiation of the Abuse

The age at which the victims were said to have first been sexually abused (by the perpetrator reported in the "Child Sexual Abuse Case Characteristics" form) ranged

Table 4
Ages of Reported Victims

Age (In Years)	n	%
18-20	5	1.3
15-17	36	9.7
12-14	82	22.0
9-11	55	14.8
6-8	65	17.5
3-5	99	26.6
0-2	30	8.1

N=372.

from 2 months to 17 years 10 months. The average age of the children at time of initiation of the alleged abuse was 7.33 years.

There was a statistically significant difference in the age of initiation according to victim gender, $t(128)=4.11$, $p<.001$. The mean age for boys at the initiation of abuse was 5.75 years, while the mean age for girls was 7.79. Table 5 summarizes these differences. Proportionately, more boys (81.9% of the boys) than girls (57.1%) were reported to have initially experienced the abuse by age 9.

The age at which the abuse was initiated did not appear to vary according to the race/ethnic group of the reported victim.

Victim's Gender

Females were reported to be victims in 77.6% ($n=291$) of the cases, while males accounted for 22.4% ($n=84$) of the referrals.

The proportion of reported victims in the different racial/ethnic groups was essentially the same for both boys and girls.

Victim's Race/Ethnic Group

The majority of the alleged victims were white ($n=246$, 65.4%). Thirty-four (9%) were black, 18 (4.8%) were

Table 5

Ages of Reported Victims at Onset of Abuse

Ages (In Years)	Victim Gender	
	Males	Females
18-20	0	1 (.5%)
15-17	1 (1.6%)	10 (4.7%)
12-14	3 (4.9%)	39 (18.4%)
9-11	7 (11.5%)	41 (19.3%)
6-8	15 (24.6%)	47 (22.2%)
3-5	29 (47.5%)	52 (24.5%)
0-2	6 (9.8%)	22 (10.4%)

$$\chi^2_{(6, N=273)} = 17.252, p = .008.$$

Hispanic, 13 (3.5%) were Asian or Pacific Islanders, 2 (.5%) were American Indian or Alaskan Natives, 2 (.5%) were bi-racial, and in 61 cases (16.2%) the race/ethnic group of the victim was not identified.

Perpetrator' Gender

The majority (86.2%) of perpetrators were male ($n=324$). Females were alleged perpetrators in 8.5% of the cases ($n=32$), and the gender of the perpetrator was unknown in 20 cases (5.3%).

Males were allegedly responsible for the abuse of 68 boys (86.1% of the boys) and 256 girls (92.4% of the girls). The alleged female perpetrators were reported to have sexually abused 11 boys and 21 girls.

Alleged female perpetrators tended to be reported for abuse of younger children; 87.6% ($n=28$) of the females reportedly abused children under age 9, compared to 48.8 % ($n=166$) of the reported male perpetrators. See Table 6 for a presentation of these data.

Perpetrator's Age

The perpetrators ranged in age from 4 to 54 years. The mean age of reported perpetrators was 26.8.

Sixty-nine (32.8%) of the alleged perpetrators for whom age data were known were age 18 or under. Of these individuals, 7 (3.3%) were age 9 or under and 62 (29.5%)

Table 6

Ages of Victims By Perpetrator Gender

Ages (In Years)	Perpetrator Gender	
	Males	Females
18-20	5 (1.5%)	0
15-17	35 (10.3%)	1 (3.1%)
12-14	82 (24.1%)	0
9-11	52 (15.3%)	3 (9.4%)
6-8	55 (16.2%)	10 (31.3%)
3-5	85 (25.0%)	14 (43.8%)
0-2	26 (7.6%)	4 (12.5%)

$$\chi^2(6, N=372)=18.955, p=.004$$

were age 10 through 18. Thirty-five (16.7%) of the alleged perpetrators for whom age data were available were age 19 to 27, 57 (27.%) were age 28 to 36, 43 (20.5%) were age 37 to 45, 6 (2.9%) were age 46 to 54, and no perpetrators were age 55 or older.

There were statistically significant differences in the perpetrators' ages when considered according to the victims' ages, $\chi^2(30, N=210)=133.485$, $p=.000$. The younger the alleged perpetrator, the younger the victims tended to be. All of the perpetrators who were age nine or less ($n=7$) abused children age five or less. Twenty-two (56.1%) of perpetrators age 10 to 18 were reported to have abused children age five or less, while another 29% ($n=18$) were associated with victims age six to eight. There were no cases reported of perpetrators who were age 18 or less, abusing children over age 14.

Alleged perpetrators in the 19 to 27 age group were fairly well split in their reported sexual involvement with children five years old and younger ($n=18$, or 51.4% of this perpetrator age group), and with children age six and over ($n=17$ or 48.6%); 28.5% ($n=10$ abused children age nine and older).

The majority of perpetrators in other age categories abused children age nine or older: 38 (66.7%) of perpetrators age 28 to 36, 39 (90.7%) of perpetrators age

37 to 45, and 6 (100%) of perpetrators age 46 or older.

There was a statistically significant difference in the age of perpetrators according to their victim's gender, $\chi^2(5, N=211)=19.69$, $p=.001$ (See Table 7). Almost 58% ($n=26$) of the alleged perpetrators who were age 18 or less were reported to have abused male victims. Over 74% of the alleged perpetrators who were age 19 and over abused females.

Perpetrator Race/Ethnic Group

The majority of the alleged perpetrators for whom these data were reported were white ($n=238$, 63.3%). Twenty-five (6.6%) were black, 13 (3.5%) were Hispanic, and 4 (1.1%) were members of other racial/ethnic groups.

Perpetrator's Marital Status

The majority ($n=201$, 53.4%) of the alleged perpetrators were married. One-hundred nine (29%) were single, 16 (4.3%) were divorced, and 2 (.5%) were widowed. Although the "Child Sexual Abuse Case Characteristics" form did not specify a category for "separated," there were four cases in which the respondent wrote in that the perpetrator was separated from his or her spouse.

Perpetrator's Military Status

The alleged perpetrators were primarily active duty (52.4%, $n=197$). Seventy-two (19.1%) were civilians who

Table 7

Gender of Victims By Ages of Alleged Perpetrators

Perpetrator Age	Victim Gender	
	Boys	Girls
55 or older	0 -	0 -
46-54	2 (4.4%)	4 (2.4%)
37-45	5 (11.1%)	39 (23.5%)
28-36	7 (15.6%)	50 (30.1%)
19-27	5 (11.1%)	30 (18.1%)
10-18	22 (48.9%)	40 (24.1%)
1-9	4 (8.9%)	3 (1.8%)

 $\chi^2(5, N=211)=19.69, p=.001.$

were not military dependents, 60 (16%) were civilians who were military dependents, and 19 (5.1%) were retired from military service.

The alleged perpetrators who were active duty were most frequently fathers or step/adoptive fathers of the victims ($\underline{n}=85$, 43.1% and $\underline{n}=68$, 34.5% of active duty perpetrators respectively). The civilians who were not military dependents who were reported as sexually abusive tended to be other male relatives of the victims ($\underline{n}=17$, 24.3%) and individuals classified as "others" ($\underline{n}=19$, 27.1%). Alleged perpetrators who were military dependents were most frequently babysitters ($\underline{n}=28$, 46.7%), "other" male relatives ($\underline{n}=10$, 16.7%) and "others" ($\underline{n}=10$, 16.7%).

Active Duty Perpetrator's Branch of Service

Almost all of the active duty alleged perpetrators were in the Air Force ($\underline{n}=185$, 93.4%). Referrals were received on cases which also involved nine active duty Army and four active duty Navy personnel.

Active Duty Perpetrators' Rank

Of the active duty perpetrators for whom ranks were indicated, 35 were in junior enlisted ranks (E1 to E4), 99 were in middle enlisted ranks (E5 and E6), 31 were in senior enlisted ranks (E7 to E9), 19 were company grade officers (O1 to O3), and 5 were field grade officers (O4

to 06).

Active Duty Perpetrators' Career Areas

Information on the career areas in which the active duty alleged perpetrators worked was unknown in the vast majority of the cases ($n=116$, 62.7%). Of the perpetrators for whom these data were available, 17 served in miscellaneous support areas, 15 worked in maintenance fields, 9 worked in security fields, 6 were in medical career fields, and 1 was a pilot. The alleged perpetrators in the miscellaneous support areas included individuals in management positions, cooks, transportation personnel, and at least two chaplains.

Relationship of Perpetrators and Victims

The abusers were related to their victims in approximately 59% of the cases (the number of cases involving individuals in each category and the relative frequency of this number to all 376 cases are indicated in parentheses): mother ($n=3$, .8%), father ($n=96$, 25.5%), adoptive father ($n=10$, 2.7%), step-father ($n=75$, 19.9%), sister ($n=3$, .8%), brother ($n=4$, 1.1%), step-brother ($n=7$, 1.9%), other female relative ($n=2$, .5%), and other male relative ($n=23$, 6.1%). Alleged perpetrators were non-related to their victims in approximately 36% of the cases: babysitter ($n=44$, 11.7%), adult neighbors ($n=15$,

4%), adult friends ($n=19$, 5.1%), peers ($n=10$, 2.7%), strangers ($n=7$, 1.9%), and "others" ($n=40$, 10.6%). The data were unknown or missing in 18 or 4.8% of the reports. (In this study a perpetrator was classified as an "other" if he or she was a non-family member who was known to the child, but who was not considered a babysitter, adult friend, or neighbor or peer of the child.) To facilitate analysis of this variable, the relationship of the perpetrator to the child was classified according to ten categories of relationships.

There were statistically significant differences in the relationship of the reported victim and perpetrator according to the victim's age group, $\chi^2(54, N=355)=124.59$, $p=.000$. See Table 8 for a summary of these data. Children in the youngest age groups (birth to two, three to five, and six to eight) were most frequently reported to be abused by fathers and babysitters. Victims age 9 to 11 were most often abused step or adoptive fathers. In the remaining age groups (12 to 14, 15 to 17, and 18 to 20), the children were reported to be abused most frequently by fathers and step/adoptive fathers, with over 60% of the victims age 12 and over being associated with abuse by perpetrators in these relationship categories.

Trends in the relationship of the alleged abuser to the victim differed according to the gender of the victim

Table 8

Alleged Perpetrator's Relationship to Victim By Victim's Age

Relationship	Victim Age						
	0-2	3-5	6-8	9-11	12-14	15-17	18-20
Mother	1 (33%)	1 (33%)	1 (33%)	0 -	0 -	0 -	0 -
Father	7 (7%)	25 (27%)	14 (15%)	8 (8%)	27 (29%)	12 (13%)	1 (1%)
Step/Adop- tive Father	1 (1%)	6 (7%)	10 (12%)	17 (20%)	31 (36%)	17 (20%)	3 (3%)
Other Male Relative	3 (9%)	12 (35%)	4 (12%)	6 (18%)	6 (18%)	2 (6%)	1 (3%)
Other Female Relative	0 -	1 (20%)	2 (40%)	2 (40%)	0 -	0 -	0 -
Babysitter	7 (16%)	19 (43%)	14 (32%)	4 (9%)	0 -	0 -	0 -
Adult Friend/ Neighbor	2 (6%)	3 (9%)	8 (24%)	7 (21%)	11 (33%)	2 (6%)	0 -
Peer	0 -	7 (70%)	0 -	1 (10%)	2 (20%)	0 -	0 -
Unknown	0 -	4 (57%)	0 -	3 (43%)	0 -	0 -	0 -
Other	3 (7%)	14 (35%)	10 (25%)	7 (17%)	4 (10%)	2 (5%)	0 -

Note. Row percentages sum to approximately 100%.

$$\chi^2(54, N=355)=124.593, p=.000$$

(See Table 9). Boys were more frequently reported to be abused by non-family members ($\underline{n}=41$, or 50.5% of the boys) than were girls ($\underline{n}=94$ or 34% of the girls). The perpetrators most frequently alleged to have abused boys were fathers ($\underline{n}=12$, 14.3%), step/adoptive fathers ($\underline{n}=19$, 23.5%), babysitters ($\underline{n}=18$, 22.4%), and "others" ($\underline{n}=13$, 16%). Reported female victims were most frequently alleged to have been abused by fathers ($\underline{n}=84$, 30.3%) and step/adoptive fathers ($\underline{n}=66$, 23.8%).

The Sexually Abusive Behaviors

The number of incidents of each of 30 forms of child sexual abuse behaviors reported amongst the 376 cases is summarized in Table 10. The most frequent type of behavior reported was fondling of child by the perpetrator, with 213 (or 56.6%) of the cases reportedly involving this behavior. The four next most frequent behaviors included perpetrator exposure of genitals to child, observation of child in some state of undress, sexually suggestive statement, and "other behavior." The cases involving "other" behaviors included: unspecified forms of abuse (approximately 85% of cases in the "other" category; these cases primarily involved referrals in which abuse was suspected because the child had a sexually transmitted disease or anal/genital injuries or in which a young child was observed simulating intercourse),

Table 9

Relationship of Alleged Perpetrator To Victim By Victim's Gender

Relationship	Gender	
	Boys	Girls
Mother	2 (2.5%)	1 (.4%)
Father	12 (14.8%)	84 (30.3%)
Step/Adoptive Father	19 (23.5%)	66 (23.8%)
Other Male Relative	6 (7.4%)	28 (10.1%)
Other Female Relative	1 (1.2%)	4 (1.4%)
Babysitter	18 (22.2%)	26 (9.4%)
Adult Friend/Neighbor	5 (6.2%)	29 (10.5%)
Peer	4 (4.9%)	6 (2.2%)
Stranger	1 (1.2%)	13 (2.2%)
Other	13 (16.0%)	27 (9.7%)

$\chi^2(9, N=358)=23.301, p=.006.$

Table 10

Number of Cases in Which Specified Sexually Abusive Behaviors Were Alleged to Have Occurred

Behavior	Number of Cases
<u>Non-contact Behaviors</u>	
1. Sexually suggestive statement made to a child.	55(14.6%)
2. Verbal request by perpetrator to participate in sexual activity (not acted upon)	40(10.6%)
3. Perpetrator nudity around child.	47(12.5%)
4. Perpetrator disrobing in front child.	40(10.6%)
5. Perpetrator exposure of genitals to child.	75(19.9%)
6. Observation of child in some state of undress.	65(17.3%)
7. Making child observe sexual activity by others.	21(5.6%)
8. Involvement of child in re-viewing pornographic material.	23(6.1%)
<u>Non-Anal/Genital contact</u>	
9. Intimate kissing of child.	40(10.6%)
10. Fondling of child by perpetrator.	213(56.6%)
11. Fondling of perpetrator by child.	37(9.9%)
<u>Anal/Genital Contact</u>	
12. Masturbation of child by perpetrator.	27(7.2%)
13. Masturbation of perpetrator by child.	20(5.3%)
14. Fellatio (perpetrator fellating child)	21(5.6%)
15. Fellatio (child fellating perpetrator).	29(7.7%)
16. Cunnilingus (perpetrator having oral contact with child's vagina).	28(7.4%)
	(continued)

Table 10, Continued

Number of Cases In Which Specified Sexually Abusive Behaviors Were Alleged to Have Occurred

Behavior	Number of Cases
<u>Anal/Genital Contacts, continued</u>	
17. Cunnilingus (child having oral contact with perpetrator's vagina).	6(1.6%)
18. "Dry intercourse" (rubbing of penis against child's genital-rectal area or inner thighs).	31(8.2%)
19. "Dry intercourse" (rubbing of penis against perpetrator's genital-rectal area or inner thigh).	3(.8%)
<u>Anal/Genital Penetration</u>	
20. Anal penetration of child with finger or inanimate object.	11(2.9%)
21. Anal penetration of perpetrator with finger or inanimate object.	1(.3%)
22. Penile penetration of child's anal or rectal opening.	21(5.6%)
23. Penile penetration of perpetrator's anal or rectal opening.	2(.5%)
24. Penetration of child's vagina with finger or inanimate object.	28(7.4%)
25. Penetration of perpetrator's vagina with finger or inanimate object.	4(1.1%)
26. Penile penetration of child's vagina.	34(9%)
27. Penile penetration of perpetrator's vagina.	0
<u>Other Behaviors</u>	
28. Making child participate in sexual activity with others.	24(6.7%)
29. Involvement of child as an "actor" in pornographic material.	23(6.1%)
30. Other	51(13.6%)

Note: Information gathered from 57 respondents.
Percentage figures do not sum to 100 due to rounding.

masturbation in front of child (5%), and miscellaneous behaviors such as bathing or sleeping with adolescents (10%).

In order to facilitate analysis and reporting of the sexually abusive behaviors, they were differentiated and categorized according to whether they involved non-contact behaviors, contact behaviors (but no anal/genital contact), "other" behaviors, anal-genital contact behaviors, and anal-genital penetration behaviors. (See Table 10 for identification of the specified behaviors assigned to each group.) These five categories were ranked in order from one to five, according to how physically intrusive they were to victims. The "other" category was placed as the third in the sequence because it involved unknown forms of sexual activity with children which were suggestive of some degree of contact with the child, presumably with anal-genital contacts likely. (For example, this category included cases in which the victim was forced to be involved in sexual activity with others or as an actor in pornographic media.) Using this categorization procedure, 24 (6.5%) of cases involved non-contact behaviors only, 127 (34.5%) involved non-anal/genital contacts, 60 (13.3%) involved "other" behaviors, 72 (19.6%) involved anal-genital contact, and 85 (23.1%) involved at least anal-genital penetration

behaviors.

The category of the most intrusive behaviors experienced by the reported victims did not differ significantly for male or female victims (See Table 11).

When the 30 sexually abusive behaviors were considered individually according to the victim's age group, there were several behaviors for which the number of cases in which the behavior was present differed according to the age group. These included: sexually suggestive statements, verbal requests to participate in sexual acts, perpetrator exposure of genitals to child, observation of child in some state of undress, involvement of child in reviewing pornographic material, intimate kissing, and fondling of the perpetrator by the child. These behaviors were reported more frequently with victims over age 5. Anal penetration of the child with finger/inanimate object occurred most frequently (63.7% of the time) to children age nine or less. Penile penetration of child's vagina was reported most frequently for children over age 11 (72.6% of the cases in which this occurred).

The category of the most intrusive type of abuse experienced did not differ greatly for the different racial/ethnic groups of the reported victims. Neither did the category of most intrusive type of behavior vary significantly according to the age of the perpetrator.

Table 11

Type of Most Intrusive Sexually Abusive Behavior Reported
By Victim Gender

Behavior	Gender	
	Boys	Girls
Non-Contact	3 (3.7%)	21 (7.3%)
Non-Anal/Genital Contact	23 (28.8%)	104 (36.1%)
Other	14 (17.5%)	46 (16.0%)
Anal/Genital Contact	23 (28.8%)	49 (17.0%)
Anal/Genital Penetration	17 (21.2%)	68 (23.6%)
Total	80	288

The type of sexually abusive behavior of which the alleged perpetrators were accused did not differ significantly between male and female perpetrators. However, a trend was noticed in which a greater proportion of females were reported for involvement in non-contact or non-anal/genital contact offenses than were males; 56.3% of females ($n=18$) were associated with these categories of offenses, versus 40.5% of males ($n=129$). Male perpetrators were more often involved in behaviors involving anal-genital penetration ($n=79$, 24.8% of males versus $n=3$, 9.4% of females). Table 12 summarizes these data.

The relationship of the alleged perpetrator to the victim accounted for a statistically significant difference in the most intrusive type of behavior attributed to the case $\chi^2(36, N=353)=91.045, p=.000$. Non-contact sexual offenses were most frequently attributed to fathers ($n=6$, 25% of non-contact cases) and step/adoptive fathers ($n=8$, 33.3%). Fathers, step/adoptive fathers, babysitters, and "others" were alleged to have been involved in 78.9% ($n=97$) of cases involving non-genital contacts (22.8%, 22.8%, 18.7% and 14.6% respectively). Fathers, babysitters and "others" accounted for 73.1% ($n=38$) of the "other" alleged behavior (42.3%, 17.3% and 13.5% respectively). Fathers,

Table 12

Type of Most Intrusive Sexually Abusive Behavior By
Perpetrator Gender

Behavior	Gender	
	Male	Female
Non-Contact	20 (6.3%)	4 (12.5%)
Non-Anal/Genital Contact	109 (34.2%)	14 (43.8%)
Other	43 (13.5%)	7 (21.9%)
Anal/Genital Contact	68 (21.3%)	4 (12.5%)
Anal/Genital Penetration	79 (24.8%)	3 (9.4%)
Total	319	32

step/adoptive fathers, and adult friends/neighbors accounted for most of the cases involving anal-genital contact (22.2, 34.7 and 13.9% respectively). Fathers, step/adoptive fathers, and other male relatives accounted for most ($n=56$ or 68.3%) of the cases which involved anal/genital penetration (26.8%, 23.2% and 18.3% respectively).

Strangers were predominantly reported for non-contact type of offenses ($n=3$, 60%); there was only one case in which a stranger was alleged to have committed an offense involving anal/genital penetration, and no case involving anal/genital contact. Of the three mothers accounted for in the data, two allegedly committed non-contact offenses and one was accused of an act involving anal-genital contact.

Cases reported to involve one time events most frequently involved no contact or non-genital contact behaviors ($n=52$ or 48.6% of single episodes). However, 25% ($n=27$) of cases which stipulated one time events involved anal/genital penetration. Anal/genital contact or penetration was involved in 41.5% of cases which occurred over 1 to 6 months, 42.4% of abuse lasting over 7 to 12 month periods, 51.7% of cases occurring over 1 to 3 years, and in 81.4% of case in which the abuse reportedly lasted over 3 years. See Table 13 for these data.

Table 13

Duration of Abusive Relationship By Type of Most Intrusive Sexually Abusive Behavior Reported

Duration (In Months)	Behavior				
	Non-Contact	Non-A/G Contact	Other	A/G Contact	A/G Pen.
49 or more	0 -	1 (1.1%)	1 (4.0%)	5 (8.9%)	8 (13.3%)
43-48	1 (5.9%)	1 (1.1%)	1 (4.0%)	5 (8.9%)	2 (3.3%)
37-42	0 -	0 -	0 -	1 (1.6%)	1 (1.7%)
31-36	0 -	3 (3.3%)	0 -	3 (5.4%)	2 (3.3%)
25-30	0 -	0 -	0 -	0 -	0 -
19-24	0 -	10 (11.0%)	0 -	5 (8.9%)	3 (5.0%)
13-18	1 (5.9%)	0 -	0 -	0 -	2 (3.3%)
7-12	2 (11.8%)	12 (13.2%)	5 (20.0%)	11 (19.6%)	3 (5.0%)
1-6	3 (17.6%)	21 (23.1%)	7 (28.0%)	9 (16.1%)	13 (21.7%)
(One Time Event	10 (58.8%)	43 (47.3%)	11 (44.0%)	17 (30.4%)	26 (43.3%)

N=249.

Frequency of the Sexually Abusive Incidents

Data on the number of sexually abusive incidents a victim was reported to have experienced were missing in almost half ($n=179$) of the cases. The majority of the cases for which these data were available involved one-time incidents ($n=110$). The number of incidents experienced in each abusive relationship ranged from 1 to 50, with the mean number being 3.48. Less than 40% of the cases for which these data were available were reported to involve five or more episodes. However, it should be noted that in 54 of the cases in which these data were missing, the reported duration of the allegedly abusive relationship was consistent with multiple episodes.

Crosstabulations of groupings of the number of alleged sexually abusive incidents with other measures suggested: the younger children were more frequently reported as experiencing a one-time incident, and the younger children had fewer reported incidents (See Table 14). The older the child was at the time the abuse began, the higher the number of incidents which were said to have occurred.

Sixty-six percent of the reported male victims were abused one time only, compared to 53% of the girls. The number of abusive incidents were otherwise essentially the same for male and female victims.

The number of abusive incidents did not vary with the

Table 14

Number of Sexually Abusive Incidents By Victims' Age

Age	Number of Incidents					
	1-2	3-4	5-6	7-8	9-10	11 or more
18-20	1 (1%)	0 -	0 -	0 -	0 -	2 (17%)
15-17	5 (4%)	6 (15%)	0 -	0 -	1 (25%)	2 (17%)
12-14	24 (18%)	11 (28%)	2 (20%)	1 (100%)	2 (50%)	5 (42%)
9-11	19 (14%)	4 (10%)	0 -	0 -	1 (25%)	2 (17%)
6-8	21 (16%)	10 (26%)	3 (30%)	0 -	0 -	1 (8%)
3-5	47 (36%)	7 (18%)	3 (30%)	0 -	0 -	0 -
0-2	14 (11%)	1 (3%)	2 (20%)	0 -	0 -	0 -

$$\chi^2(30, N=197)=57.057, p=.002$$

racial/ethnic group of the victim.

Cases in which the alleged perpetrator was female involved slightly more one-time incidents than cases involving male perpetrators ($\underline{n}=17$, 65.4% versus $\underline{n}=86$, 52.1%), although the differences in the number of abusive acts did not vary significantly for male and female perpetrators.

Alleged perpetrators who were under age 18 were primarily reported for one-time incidents ($\underline{n}=33$ or 64.7% of cases involving this age group).

The number of sexual offenses which occurred between a perpetrator/victim pair varied according to the relationship of that pair. Cases of alleged abuse involving mothers, strangers, and peers all involved one-time incidents. Fathers and step/adoptive fathers had predominantly multiple episodes (68.4% and 73.7% respectively), with 23.7% of the former and 28.9% of the latter being reported for more than five abusive acts. "Other" male relatives, babysitters, and adult neighbors/friends were most frequently involved in single episodes, although 11 to 28 of these individuals were alleged to have committed three or more abusive acts.

Duration of the Sexually Abusive Relationship

The 144 cases which reported a duration of time over which the allegedly abusive incidents occurred revealed

these periods ranged from 1 month to 10 years. For all cases in which these data were provided, the mean duration of the relationship was slightly over one year (12.28 months). However, when the cases involving one-time incidents were excluded, this mean increases to 1.8 years. Table 15 displays the number of cases reported according to category of length of abusive relationship.

A crosstabulation of groupings of the duration of an abusive relationship and the victim's age suggested older children were more likely to have been involved in longer, on-going abusive situations. The length of the abusive relationship did not differ significantly for male and female victims, nor for male or female perpetrators.

The duration of time over which the alleged offenses occurred did not differ significantly at the .05 alpha level for the different relationships of perpetrators to victims, $\chi^2(72, N=357)=69.12$. Of the 89 cases in which the offenses were reported to have occurred for more than a six month period, 32 of these involved step/adoptive fathers, 35 fathers, 4 babysitters, 8 male relatives, 6 adult friends/neighbors, and 3 "others." Only 56 cases on which data were available for both the relation of the perpetrator and victim, and the duration of the abusive relations, allegedly occurred for more than 12 months; fathers accounted for approximately 50% of these ($n=28$),

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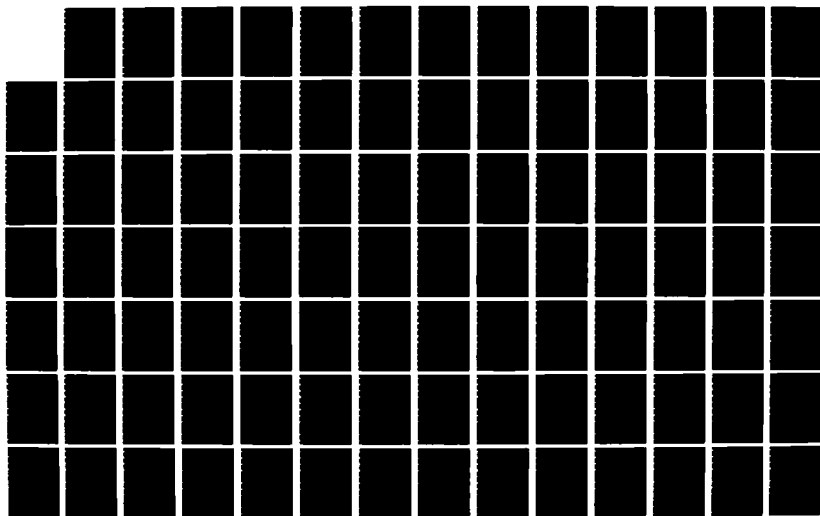
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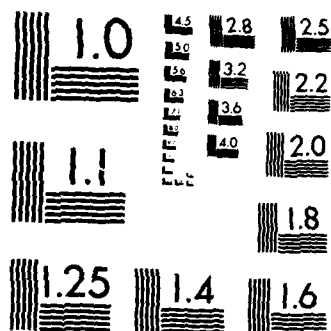
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Table 15

Duration of Abusive Relationships Which Occurred More Than
One Time

Duration (In Months)	Cases	
	n	%
49 or more	15	10.6
43-48	10	7.0
37-42	2	1.4
31-36	8	5.6
25-30	0	-
19-24	18	12.7
13-18	3	2.1
7-12	33	23.2
1-6	53	37.3

N=142.

step/adoptive fathers for 37% (n=21), other male relative for 7% (n=4), and adult friends/neighbors for 6% (n=3).

Perpetrators who were single were most frequently involved in one-time incidents (53.5% of the isolated incidents). Among the alleged perpetrators who were married, 29.6% were reported for single abusive episodes, while an additional 36.3% (n=49) were reported to have been involved in abusive relationships for up to 12 months. Less than 6% (n=5) of single perpetrators abused victims for more than a one-year period, compared to 34% (n=46) of marrieds and 40% (n=4) of the divorced perpetrators.

Source of the Initial Reports

The two most frequent sources of the initial report of the abuse to a professional were a parent (or parents) of the victim (n=173, 46%), and the victims themselves (n=77, 20.5%). The parents are hereafter referred to as "non-offending" parents to differentiate between parents not accused of abuse and those who are identified as the alleged perpetrator. Table 16 presents a summary of the initial sources of the child sexual abuse reports.

The non-offending parent was most often the source of the report when the children were young: at least 50% of all children under age 12 and as many as 73% of victims under age 3. Non-offending parents referred only 25% of

Table 16

Sources of Initial Reports of Child Sexual Abuse

Source	Reports	
	n	%
Victim	77	20.8
Perpetrator	10	2.7
Non-Offending Parent	173	46.8
Other Member of Victim's Family	10	2.7
Other Member of Perpetrator's Family	0	-
Neighbor	10	2.7
Friend of Victim	11	3.0
Security Police	4	1.1
Civilian Law Enforcement	1	.3
Military Mental Health	9	2.4
Civilian Mental Health	5	1.4
Military Child Care/Recre- ation Center Personnel	4	1.1
Civilian Child Care/Recre- ation Center Personnel	6	1.6
School Personnel	7	1.9
Command Personnel	0	-
Chaplain	0	-
Civilian Clergy	1	.3
Social Service Personnel	7	1.9
Anonymous	5	1.4
Other	14	3.8
Unknown	5	1.4

N=360.

the children over age 11.

The victims were most frequently the source of referrals in the older victim age categories. They self-initiated reports in slightly over 38% of cases involving children age 12 to 14, and over 50% of cases involving children over age 14.

Females tended to be more likely to be the initial source of reports concerning abuse which they experienced than were boys (23.7% of girls self-initiated reports versus 14.9% of boys). The non-offending parents of reported victims were the most likely source of the initial referral for both boys and girls (49% of reports), although the parents were responsible for a greater percentage of the referrals involving boys than girls (60.8% versus 45.9%).

Non-offending parents of the sexually victimized children were responsible for the initial reports in the majority of cases in which the alleged perpetrators were age 27 or less: 85.7% (n=6) of reports involving perpetrators age one to nine, 70.7% (n=41) of those involving 10 to 18 year old perpetrators, and 47.1% (n=20) of those involving perpetrators age 19 to 27 and 28 to 36 respectively. The victims self-initiated reports frequently in cases involving perpetrators age 28 to 36 (n=17, 32.7%), and were the primary sources of referrals

involving perpetrators age 37 to 45 (n=13, 31%).

Non-offending parents were also the single most frequent source of the initial referral in both cases involving male perpetrators (n=142, 46.6%) and female perpetrators (n=21, 65.6%). One notable difference in reporting sources according to the perpetrator's gender was that only one victim (3.1%) was responsible for a report involving a female perpetrator, versus 75 (24.6%) of the cases involving male perpetrators.

Victims and non-offending parents were the most frequent sources of reports involving fathers (56.3%) and step/adoptive fathers (69.3%). Victims reported 25% (n=24) of the fathers and 40% (n=30) of the step/adoptive fathers. Non-offending parents were responsible for 31.3% (n=30) of referrals involving fathers and 29.3% (n=22) of cases involving step/adoptive fathers. Non-offending parents were also responsible for reporting 73.8% (n=31) of the cases involving babysitters, 67.7% (n=21) of cases involving adult friends/neighbors, 80% (n=8) of cases in which the alleged perpetrators were the children's peers, and 75% (n=27) of cases involving "others."

The non-offending parent reported 30.4% (n=24) of cases involving perpetrators who were married fathers of the victims. The non-offending parent reported 29% (n=20) of the married step/adoptive fathers who allegedly abused

their children. When the perpetrators were divorced from the non-offending parent, however, the number of reports by the non-offending parent increased to 44.4% (n=4) of those cases involving fathers, and 50% (n=2) of those cases involving step/adoptive fathers. There was only one case in which the non-offending parent reported a case involving an alleged perpetrator from whom she was separated.

The victims were most frequently the source of the initial report when their alleged perpetrators were active duty. Seventy-one percent (n=55) of the reports initiated by victims involved active duty alleged perpetrators. This accounts for 29.7% of the reports made on active duty perpetrators. The reports made by non-offending parents involved active duty alleged perpetrators in 36.6% (n=63) of the cases; this accounts for 34% of the allegations made against active duty perpetrators. The non-offending parents were also responsible for making initial reports in 71 to 73% of the reports involving civilian alleged perpetrators.

Non-offending parents were responsible for only slightly more of the initial reports in cases in which data were available on the active duty alleged perpetrator's rank than were the victims (n=57, 32.2% versus n=55, 31.1%). Although there were a limited number

of cases involving alleged perpetrators in the senior enlisted ranks and higher (E7 and up), the data suggest the following trends: victims tended to report more cases as the rank of the alleged perpetrator rose, and professionals tended to be the initial source of report in few, if any, of the case involving officers as alleged perpetrators (See Table 17).

Victims were the initial reporters in 15.8% (n=35) and 9.6% (n=5) of the cases in which the abuse occurred one time or for a period of six months or less. In cases in which the abuse occurred for periods longer than six months, the victims were responsible for over 29% of the reports. Non-offending parents were the most frequent reporters in cases involving isolated incidents (61.5%, n=64) and in cases in which abuse lasted up to six months (51.9%, n=27).

Professional Sources to Which Initial Reports Were Made

The source to which allegations of sexual abuse were initially made included over 15 professional groups. Table 18 summarizes these data. The reports were most frequently made to FAOs (n=98, 26.3%), civilian social service workers (n=71, 18.8%), and installation medical personnel (n=69, 18.5%).

Referrals involving children age two and under were most frequently made to installation medical personnel

Table 17

Source of Initial Report By Rank of Active Duty Alleged Perpetrator

Source	Rank				
	E1-E4	E5-E6	E7-E9	O1-O3	O4-O6
Victim	3 (9.4%)	30 (31.3%)	13 (44.8%)	6 (40.0%)	3 (60.0%)
Perpetrator	0 -	6 (6.3%)	1 (3.4%)	0 -	0 -
Non-Offending Parent	11 (34.4%)	35 (36.5%)	5 (17.2%)	4 (26.7%)	2 (40.0%)
Other Family/ Neighbor	4 (12.5%)	13 (13.5%)	3 (10.3%)	2 (13.3%)	0 -
Military/Civilian Police	2 (6.3%)	2 (2.1%)	0 -	0 -	0 -
Medical	3 (9.4%)	2 (2.1%)	2 (6.9%)	0 -	0 -
Child Care/Rec Center	1 (3.1%)	3 (3.1%)	4 (13.8%)	0 -	0 -
Other Professional	5 (15.6%)	4 (4.2%)	1 (3.4%)	3 (20.0%)	0 -
Anonymous	3 (9.4%)	1 (1.0%)	0 -	0 -	0 -

$\chi^2(32, N=177)=47.820, p=.036.$

Table 18

Source to Which Initial Reports Were Made

Source	Cases	
	n	%
FAO	98	26.3
Social Service Worker	71	19.1
School Teacher	8	2.2
School Nurse/Counselor	7	1.9
Military Mental Health	24	6.5
Civilian Mental Health	11	3.0
Security Police	14	3.8
Civilian Police	12	3.2
OSI	19	5.1
Civilian Clergy	2	.5
Military Chaplain	1	.3
Medical Personnel on Base	69	18.5
Medical Personnel off Base	0	-
Individual Specifically Designated to Interview CSAb Victims	0	-
Combination: FAO and Civilian Social Service Worker	1	.3
Combination: Other	10	2.9
Other	17	4.6
Unknown	8	2.2

N=272.

(n=15, 50%) or FAOs (n=9, 30%). Referrals related to children in the age groups three to five were most frequently made to FAOs (n=29, 30.2% and n=27, 28.1% respectively). Reports involving children age 6 to 8 and 9 to 11 were primarily made to FAOs (n=24, 38.1% and n=12, 23.1% respectively) and civilian social services (n=11, 17.5% and n=13, 25% respectively). Reports involving children age 12 to 14 and 15 to 17 were made primarily to FAOs (n=22, 28.2% and n=4, 11.15%), civilian social service personnel (n=14, 17.9% and n=14, 38.9%), and mental health personnel (n=12, 15.4% and n=6, 16.7%).

The gender of the reported victims appeared to have little effect on to whom the initial reports were made.

The youngest group of alleged perpetrators (those age one to nine) were predominantly reported initially to FAOs (n=3, 50%) and to installation medical personnel (n=14, 23%). Perpetrators age 9 to 18 were primarily reported to FAOs (n=25, 41%). Perpetrators in the older age groups were reported to a wider variety of sources, with reports being made to FAOs (approximately 25% of cases involving all age groups over age 18), civilian social service personnel and base medical personnel (14 to 50% of cases involving perpetrators in the older age categories).

Fathers and step/adoptive fathers were most likely to be reported to FAOs, civilian social service, mental

health or base medical personnel. Less than 12% of the fathers (n=11) and 14% of the step/adoptive fathers (n=11) were reported to police/criminal investigations sources (such as security police, civilian police or OSI), while 27.3% (n=9) of cases involving adult friends/neighbors and 50% (n=3) of cases involving strangers were reported to these sources.

When the alleged perpetrators were civilian, the initial referrals were most frequently made to the FAOs; 33.3% (n=24) of the cases involving non-military dependents and 48.3% (n=28) of the cases involving military dependents were made to FAOs. In contrast, only 13.9% (n=10) and 8.6% (n=5) of the cases involving civilian perpetrators were made to civilian social service personnel. When the alleged perpetrators were active duty, they were most frequently reported to civilian social service personnel (25.5%), FAOs (20.2%), or law enforcement/criminal investigations personnel (over 18.7%).

One notable trend was evident in the categories of professionals to whom reports were made according to the rank of the active duty alleged perpetrators. The majority of all cases involving officers were reported to civilian sources. Fifty percent of cases involving company grade officers (n=8) and 40% of cases involving

majors and above (n=2) were reported to civilian social service personnel. An additional 12.5% (n=2) of the former group and 60% of the latter (n=3) were reported to civilian police.

The source to which initial reports were made varied according to who made the report. Victims most frequently reported to civilian social service personnel (n=22, 28.6%), mental health professionals (n=14, 18.2%), installation medical personnel (n=13, 16.9%), and FAOs (n=11, 14.3%). Perpetrators reported themselves to mental health professionals (n=3, 30%), FAOs (n=2, 20%), and civilian social service personnel (n=2, 20%). Non-offending parents most frequently reported to FAOs (n=54, 32%) and base medical personnel (n=42, 24.9%). Other family members reported to FAOs (n=12, 38.7%), social service personnel (n=6, 19.4%), and OSI (n=6, 19.4%). Medical personnel usually reported to other medical personnel (n=5, 35.7%), or FAOs, or civilian social service personnel (n=3, 21.4% each). Child care/school personnel usually reported to FAOs (n=8, 47.1%) or civilian social service personnel (n=5, 29.4%). Other professionals also generally reported to civilian social service personnel (n=9, 40.9%) or FAOs (n=6, 27.3%) and anonymous sources reported to civilian social services (n=2, 40%), mental health, security police, or OSI

personnel (n=1, 20% each).

Source of the Initial Interview of the Victim

Victims of alleged sexual abuse were initially interviewed regarding the allegations by individuals or combinations of individuals from over 12 different professional groups. The individuals who most frequently conducted the initial interviews were civilian social service workers (n=115, 30.8%), FAOs (n=78, 20.4%), and installation medical personnel (n=44, 12.6%). Initial interviews were conducted jointly by FAOs and civilian social service personnel in 6.4% (n=20) cases, and by other combinations of professionals (for example, FAOs and OSI personnel or civilian social service personnel and police) in 6.2% of the cases (n=23). The source of the initial interview of the victim was listed as "unknown" in 16 cases (4.3%) and left blank in 9 (2.4%).

The youngest children (age 5 and under) were predominantly interviewed by FAOs, civilian social service personnel, and installation medical personnel. Children in the remaining age groups were initially interviewed primarily by FAOs and/or civilian social service workers. Mental health professionals also frequently did initial interviews with children in the 18 and over age group (See Table 19).

The gender of the reported victim appeared to have

Table 19

Source of Initial Interview of Victim By Victim's Age

Source	Age						
	0-2	3-5	6-8	9-11	12-14	15-17	18-20
FAO	8 (36%)	13 (14%)	20 (31%)	12 (23%)	18 (24%)	4 (11%)	1 (20%)
Civ.SS	4 (18%)	36 (38%)	23 (36%)	13 (25%)	23 (31%)	15 (43%)	0 -
FAO&CSS	2 (9%)	3 (3%)	3 (5%)	4 (8%)	4 (5%)	4 (11%)	0 -
Men.Health	0 -	9 (9%)	1 (2%)	5 (10%)	5 (7%)	5 (14%)	3 (60%)
Mil.Police	0 -	1 (1%)	2 (3%)	2 (4%)	1 (1%)	0 -	0 -
Civ.Police	0 -	1 (1%)	1 (2%)	2 (4%)	4 (5%)	2 (6%)	1 (20%)
OSI	0 -	1 (1%)	3 (5%)	4 (8%)	7 (9%)	2 (6%)	0 -
Medical	7 (32%)	24 (25%)	5 (8%)	4 (8%)	7 (9%)	0 -	0 -
Other Comb.	1 (4%)	5 (5%)	5 (8%)	5 (10%)	4 (5%)	3 (9%)	0 -
Other	0 -	2 (2%)	1 (2%)	1 (2%)	2 (3%)	0 -	0 -

 $\chi^2(54, N=348)=92.617, p=.001.$

little effect on who interviewed him or her.

Victims were interviewed by FAOs and/or civilian social service personnel in between 60% and 72% of cases in which the alleged perpetrators were fathers, step/adoptive fathers, other male relatives, babysitters, and "others." The single most frequent source of the initial interview when the alleged perpetrator was a peer of the victim was base medical personnel (n=4, 44.4%).

Source of the Initial Interview of Perpetrator

Professionals who conducted the initial interview of alleged perpetrators also represented over 11 groups. FAOs conducted the interviews in 59 cases (15.7%), civilian social service workers did 59 (15.7%), OSI agents did 53 (14.1%), and civilian police did 35 (9.3%). The professional identity of the initial interviewer was listed as "unknown" in 55 cases (14.6%) and left blank in an additional 34 (9%).

The source of the initial interview of the perpetrator varied with the different ages of the perpetrators. All initial interviews of the five alleged perpetrators under age ten were conducted by FAOs, mental health, or medical personnel. Approximately 40% of perpetrators in all other age groups were initially interviewed by FAOs or civilian social service personnel, while an additional 15% to 40% of the perpetrators age ten or older were initially

interviewed by law enforcement/criminal investigations personnel.

The FAOs and OSI personnel were the most frequent sources of the initial interview with the perpetrator when he or she was active duty (each group did 25.1% of the active duty alleged perpetrator interviews). Over 84% of the initial interviews with alleged perpetrators done by OSI personnel were with active duty individuals. Alleged perpetrators who were not military dependents were most often interviewed by civilian police (40%) or civilian social service personnel (37.5%). When the alleged perpetrator was a military dependent, he/she was most frequently interviewed initially by an FAO (24.5% of this group), although civilian social service personnel, mental health personnel, security police, and OSI agents each did approximately 12 to 14% of the initial interviews with this group.

The rank of the alleged perpetrator was not significantly associated at the .05 alpha level, with the source of his or her interviewer, $\chi^2(18, N=57)=17.864$. The FAO and/or civilian social service personnel did the initial interview for the majority of cases involving captains and below (44.8% to 65.5%). Majors and above were initially interviewed by either mental health personnel ($n=3$, 60%) or OSI agents ($n=2$, 40%).

Individuals in the lowest ranks (E1 to E4) were the least likely to be initially interviewed by a police or criminal investigations source ($n=5$, 17.1%), while at least 31% of alleged perpetrators of the other ranks were initially interviewed by these sources.

Source of the Initial Interview of the Non-Offending Parents

The initial interview of non-offending parents of reported victims were conducted primarily by FAOs ($n=116$, 30.9%) and civilian social service workers ($n=71$, 18.9%). These data were not provided in 44 cases (11.7%).

Sequence in Which Initial Interviews Were Conducted

The following section reports on data related to the sequence in which reported victims, perpetrators, and non-offending parents of victims were initially interviewed.

Reported victims or their non-offending parents were most likely to be interviewed first or second. The children were interviewed first in 173 cases, second in 124, and last in 13 cases. Their parents were interviewed first in 131 cases, second in 121, and last in 52 cases. The alleged perpetrators for whom these data were available were generally interviewed last ($n=169$ or 64.8%), 68 (26.1%) were interviewed second, and 24 (9.2%)

were interviewed first.

The older the reported victims, the more frequently they were interviewed first. Children age two and under were the first to be interviewed in 42.9% ($\underline{n}=9$) of the cases involving this age group, while children in age categories nine and over were the first to be interviewed in 65% to 100% of the cases involving those age groups.

Alleged perpetrators were predominantly the last to be interviewed regardless of the age of their reported victim. They were interviewed last in between 55% and 75% of the cases in all age groups (except the two cases involving victims age 18 to 20: one of these perpetrators was the last to be interviewed). When not interviewed last, the next most frequent sequence in which the alleged perpetrators were interviewed was second, with this occurring in between 18% and 33% of the cases in all age groups. The alleged perpetrators were interviewed first in between 5.6% and 14.8% of cases involving victims in age groups less than 18.

The non-offending parents were most likely the first to be interviewed when younger children were involved.

Victims were the first to be interviewed in 64% to 68% of cases involving fathers or step/adoptive fathers. They were interviewed first in one case involving a mother and two cases involving other female relatives; the victims

were interviewed second in one case involving a mother and one involving other female relatives. The reported victims were the first to be interviewed in 44% to 51% of cases involving all other categories of alleged perpetrators, with the exception of "strangers"; the four victims of abuse by strangers were interviewed second. The reported victims were the last to be interviewed in cases involving six (7.1%) of the fathers, two (3%) of the step/adoptive fathers, two (6.1%) of the babysitters, and three (10%) of the adult neighbors/friends.

The vast majority of cases involving alleged abuse by relatives and by non-relatives resulted in the perpetrator being interviewed second or third (85% to 100% of the time). One exception to this involved two mothers, who were reportedly both interviewed first. There were also seven cases (8.8%) of fathers who were the first to be interviewed, 10 (15.9%) of the step/adoptive fathers were the first to be interviewed, and one (3.3%) of the babysitters, and three (12%) of the adult neighbors/friends were the first to be interviewed.

When the victim made the initial report, he or she was generally interviewed first (n=59, 92.2% of cases involving victim reports). When the non-offending parent made the report, the victim was the first to be interviewed (n=55, 37.4%) or was the second (n=87, 59.2%).

The victim was most frequently the last to be interviewed when the perpetrator made the report ($\underline{n}=3$, 42.9%). When the perpetrator initiated the report, he/she was generally interviewed first ($\underline{n}=6$, 75% of reports by perpetrators). In cases in which the child made the initial report, the alleged perpetrator was interviewed third ($\underline{n}=34$, 63%) or second ($\underline{n}=20$, 37%), as he or she was when non-offending parents made the report ($\underline{n}=100$, 80.6% of parent initiated reports). There were a number of cases in which the perpetrator was the first to be interviewed: 33.3% ($\underline{n}=1$) of cases reported by anonymous sources, 25% ($\underline{n}=1$) of reports made by military police, 23.1% ($\underline{n}=3$) of cases reported by child care/school personnel, 18.3% ($\underline{n}=3$) of cases reported by "other" professionals, and 17.4% ($\underline{n}=4$) of cases reported by other family members/friends of victims.

Indicators that Abuse Occurred

The following section reports on the indicators present in the case which either suggested sexual abuse occurred or that the report should be considered established rather than suspected.

In 71% ($\underline{n}=267$) of the allegations, the victims related details of the incidents to someone. Interviews with the victim using anatomically correct dolls or art/play therapy suggested that abuse occurred in 16% ($\underline{n}=60$) and

3.5% (n=13) of the cases, respectively.

The perpetrators admitted to sexually abusing the victims in 93 (24.7%) of the cases. In 38 cases (10.1%) there was an eyewitness to the abuse who gave an accounting of the incident(s).

There were physical indicators of sexual abuse, such as presence of semen, anal/genital injuries, or photographs in 35 (9.3%) of the reports. In two cases the reported victim was pregnant and in 12 cases the victims had a sexually transmitted disease, reportedly as a result of the abuse.

The following professional sources rendered opinions that sexual abuse occurred in the indicated number of cases: civilian law enforcement personnel (n=55, 14.6%), child protective service workers (n=120, 31.9%), OSI agents (n=69, 18.4%), FAOs (n=159, 42.3%), and Child Advocacy Committee personnel (n=147, 39.1%).

Family court judges determined that sexual abuse occurred in 34 (9%) of cases. Perpetrators were found guilty of child sexual abuse in civilian courts in 28 (7.4%) of cases. An additional 40 perpetrators (10.6%) were convicted by a court martial for a child sexual abuse offense.

The presence of these indicators did not generally differ for reported male and female victims. Two

exceptions to this were that female victims tended to be more likely to relate details of the incidents (n=215, 73.9% of girls versus n=52, 61.9% of boys), and civilian law enforcement personnel more frequently rendered the opinion that sexual abuse occurred in cases involving boys (n=18, 21.4% of boys versus n=37, 12.7% of girls).

The presence of these indicators also did not generally differ for male and female perpetrators, with the exception that males were more likely to be convicted by a court martial for an offense.

There were several notable differences in the presence of these indicators for the different categories of alleged perpetrators' ranks. At least 20% to 48% of the individuals in all rank categories except the field grade officer group, admitted committing the sexual abuse offenses; there were no field graders noted to have admitted to sexual abuse. There was a significantly higher percentage of field graders who family court judges determined had committed sexual abuse; 60% (n=3) field graders, versus between 2.9% and 22.6% of the other ranks were determined in family courts to have committed the alleged acts. Civilian law enforcement officials rendered the opinion that the sexual abuse had occurred in 36.8% (n=7) of the cases involving company grade officers, as compared to zero of the cases involving field graders and

9% to 13% of the cases in the remaining categories. Opinions from FAOs, Child Advocacy Committee, and OSI personnel that abuse occurred were conspicuously absent in cases involving majors and above (n=0 for all three professional groups). No field graders were found guilty of the alleged sexual offenses in either civilian criminal or military courts.

When the presence of these indicators was checked against the relation of the perpetrator to the victim, the following notable differences were evident. Although the majority (68.8 to 85.3%) of children in most relationship categories related details of the alleged incidents, there were no victims for whom this was true when the alleged abuser was the mother, and only 40% (n=2) of cases involving "other female relatives"; 55.9% (n=19) of the cases involved "other male relatives" resulting in the child's relating of details of the abuse. In 66.7% (n=2) of the cases involving mothers as perpetrators, the perpetrator admitted to sexually abusing the child; this was also true of 25% (n=24) of fathers, 35.3% (n=30) of step/adoptive fathers, 29.4% (n=10) of other male relatives, 27.3% (n=12) of babysitters, 26.5% (n=9) of adult friends/neighbors, and 15% (n=6) of "others." There were no perpetrators in the category of "other female relatives," peers, or strangers who confessed to the

abuse.

Both OSI personnel and FAOs differentially rendered opinions that abuse had occurred according to the relationship categories. The former most frequently rendered such opinions when the cases involved parents (18.8 to 33.3% of parental categories) and adult friends/neighbors (41.2% of this category). FAOs rendered such opinions most often when cases involved "others" (n=24, 60% of this category), adult neighbors/friends (n=19, 55.9%), fathers (n=40, 41.7%), step/adoptive fathers (n=38, 44.7%), other male relatives (n=16, 47.1%) and babysitters (n=17, 36.8%). Lastly, there were differences in the individuals most likely to be convicted by a court martial for a child sexual offense: 32.4% (n=11) of adult neighbors and friends were convicted as were 11.5% (n=11) of fathers and 17.6% (n=15) of step/adoptive fathers. The other convicted individuals included one babysitter, one stranger, and one "other."

There were several trends evident in the presence of these indicators and the reported duration of the abusive relationships. Perpetrators more frequently admitted to the allegations as the duration of the abuse increased; 19.1% (n=21) of the one time offenders versus 51.9% (n=14) of the perpetrators who abused for over three years admitted the abuse. FAOs rendered opinions and family

court judges ruled that the abuse occurred more frequently as the length of the abusive relationship increased.

In crosstabulations of the presence of these indicators and the reporting source, the following points were noted: children most frequently related details of the alleged incident when they themselves or their non-offending parent or the perpetrator initially reported the abuse (93.5%, 70% and 70.5% of these cases respectively); surprisingly, 6.5% of the cases in which the victim was the source of the report did not contain data showing that the child related details of the incidents; the victim also reported details in 60 to 65% of cases initially reported by other family members/friends, child care, or school personnel, and "other professionals."

The perpetrators frequently admitted to the abuse when the source of the report was "other" professionals ($\underline{n}=11$, 47.8% of these referrals), or other family members/friends of the victim ($\underline{n}=12$, 38.7%). The perpetrators confessed in only 19.1% ($\underline{n}=33$) of reports by non-offending parents and 16.1% ($\underline{n}=13$) of reports by victims.

Physical evidence of the abuse was noted most frequently when the source of the report was the non-offending parent ($\underline{n}=22$, 62.9% of cases in which evidence was present) or medical personnel ($\underline{n}=6$, 17.1%).

In the two cases in which the child was pregnant, reportedly because of sexual abuse, the source of the report was medical or school personnel. In 21.4% (n=3) of the cases initially reported by medical personnel, the child had a sexually transmitted disease.

There was only one case (10% of perpetrator initiated reports) in which the perpetrator reported the abuse that a family court judge ruled abuse occurred. There were no cases in which the alleged perpetrator reported the abuse and was later found guilty of child sexual abuse in civilian criminal court, although there were four cases in which the perpetrator made the initial report and was later convicted by court martial.

When the indicators were viewed in relation to the source to which the initial reports were made, the following trends were noted. Confessions by perpetrators varied according to the source which received the report. Although perpetrators did not confess in 66.7% to 100% of cases reported to most sources, one exception involved reports to OSI: 57.9% (n=11) of these reports resulted in perpetrator confessions. Physical evidence that abuse occurred was most likely to be found in cases reported initially to medical personnel (n=16, 45.7% of cases in which evidence was found), although there was no evidence found in 76.8% of cases reported to medical personnel.

Civilian police, civilian social service, and OSI personnel rendered opinions that abuse occurred more frequently in cases initially referred to them than in cases referred to other sources. Criminal court convictions occurred most frequently in cases referred to combinations of professionals, and court martial convictions occurred most often when initial reports were made to security police or OSI.

Indicators pertaining to opinions that abuse occurred varied according to the source of the initial interview of the victims. Civilian law enforcement workers and OSI agents were more likely to render opinions that abuse occurred when they or their agencies conducted the initial interview with the child; however, FAOs and civilian protective service workers were more likely than OSI or police personnel to render these opinions when other professionals did the initial interviews. Family court judges ruled that abuse occurred more frequently when civilian police conducted the initial interview than when it was done by other sources. Court martial convictions occurred more frequently in cases in which initial interviews of the victim were done by OSI or security police personnel.

Review of the indicators in relation to who interviewed the perpetrator initially did not indicate

that the differences were statistically significant. However, one notable trend was that when civilian law enforcement personnel or OSI personnel conducted the initial interview of the perpetrator, these sources tended to be more likely to render opinions that abuse occurred than when other sources conducted the interview. The perpetrators who confessed had most frequently been interviewed initially by FAOs (n=22, 25% of cases involving confessions), and an additional 34% of the cases resulting in confessions involved initial interviews of the perpetrator by civilian social service workers or OSI agents (n=15, 17% each).

When the indicators were assessed in relation to the sequence in which the victim, alleged perpetrator and non-offending parent of the victim were interviewed, the following tendencies were noted. Victims were less likely to relate details of the abusive incidents when interviewed second; 85% (n=147) related details when interviewed first and 62% (n=78) when interviewed second. However, of those victims interviewed last, 85% (n=11) related details of the incidents. Interviews with the children using anatomically correct dolls or art/play techniques did not differentiate significantly among the number of cases in which these techniques suggested that abuse occurred according to the sequence in which the

victim was interviewed. In 46.2% ($n=6$) of the cases in which the victim was interviewed last, the perpetrator had confessed to the abuse. There were no cases in which the victim was interviewed last that resulted in a family court determination that abuse occurred; 14% ($n=24$) of cases in which the victim was interviewed first did result in such a determination.

The sequence in which the perpetrator was interviewed was significantly associated with whether or not the child subsequently related details of the incidents, $\chi^2(2, N=261)=18.058$, $p=.001$. When the alleged perpetrator was interviewed first, the victim was least likely to relate details of the incidents; 45.8% ($n=11$) of cases in which the perpetrator was interviewed first resulted in victims relating details, versus 82.4% ($n=56$) and 82.8% ($n=140$) of cases in which the perpetrator was interviewed first or second.

When the perpetrator had been interviewed first, subsequent interviews of victims using anatomically correct dolls suggested abuse occurred less frequently than when the child was interviewed before the perpetrator (12.5% of these cases versus 25.4% in which the perpetrator was interviewed last). Cases in which perpetrators were interviewed last accounted for 50% of cases in which the perpetrator confessed; however, when

perpetrators were interviewed first, they more frequently confessed (n=13, 54.2% versus n=40, 23.7% of those interviewed last).

Lastly, when the indicators were considered in light of the type of sexually abusive behavior which occurred (using the five categories ranging from least to most intrusive), the following were noted: children were most likely to relate details of the incidents in cases in which the abuse involved non-genital contacts (n=99, 78% of these cases), anal-genital contacts (n=58, 80.6%), or anal-genital penetration (n=62, 72.9%); they were least likely to reveal details when the case involved allegations of "other" behavior (n=31, 50.8%). Interviews with children using anatomically correct dolls or art/play techniques did not result in statistically significant differences in the number of cases which suggested abuse occurred, when categorized according to the type of abuse which occurred.

Perpetrators more frequently admitted abusing the victims when the case involved anal-genital contact or penetration (30.6 to 35.3% of these cases); they confessed least often when the allegations related to non-contact behaviors (8.3%). Physical evidence that abuse occurred was most often present in cases involving "other" behaviors (n=11, 18% of these cases) or anal-genital

penetration (n=16, 18.8% of these cases). Interestingly, there were three cases in which the child had contracted a sexually transmitted disease, although only non-contact or non-genital contact behaviors were alleged.

Opinions that abuse occurred were most likely from civilian law enforcement workers, civilian protective service workers, OSI agents, FAOs, and Child Advocacy Committee personnel when the cases involved allegations of anal-genital contacts or penetration. Family court judges ruled that abuse occurred most frequently when allegations involved penetration; however, they also ruled abuse occurred almost as frequently when abuse involved non-genital contacts as when it involved anal-genital contact. Over 82% of the cases in which the perpetrator was found guilty in civilian criminal court, and 72% of cases in which the perpetrator was convicted by court martial involved allegations of anal-genital contact or penetration. There were still, however, 12 cases (9.4% of those cases in which non-genital contacts occurred) which were adjudicated by family court judges, two cases involving non-contact behaviors in which the perpetrator was found guilty by civilian criminal court or a court martial, four cases involving non-genital contacts in which the perpetrator was found guilty by criminal court, and eight cases involving non-genital contacts in which

the perpetrator was found guilty by court martial.

Case Characteristic Differences in Suspected and
Established Cases

The following section addresses differences identified between characteristics of the child sexual abuse cases which were established and those which were suspected.

Victim Age

There were statistically significant differences in the means of the victims' ages at the time of the report in cases determined to be suspected and established. The mean age was 7.13 in suspected cases and 9.52 in established cases, $t(310) = -4.87$, $p < .001$. In a crosstabulation of suspected and established cases by grouped victim age data, cases were more frequently established when victims were over age two (See Table 20).

Victim Gender

There was no statistically significant difference at the .05 alpha level in the genders of victims involved in established and suspected cases, $\chi^2(1, N=362) = .021$. Boys accounted for 22.2% ($n=34$) of the suspected cases and 23.4% ($n=49$) of the established cases. Reports involving boys were established in 59% of cases, while 57.3% of reports involving girls were established.

Table 20

Victims' Ages in Suspected and Established Cases

Ages	Cases	
	Suspected	Established
18-20	1 (.7%)	4 (1.9%)
15-17	10 (6.6%)	25 (12%)
12-14	29 (19.2%)	51 (24.5%)
9-11	16 (10.6%)	35 (16.8%)
6-8	19 (12.6%)	45 (21.6%)
3-5	54 (35.8%)	41 (10.7%)
0-2	22 (14.6%)	7 (3.4%)

 $\chi^2(6, N=359)=33.245, p=.000.$

Victim Age At Initiation of Abuse

There were statistically significant differences in the mean ages of victims (at the time they were initially sexually abused by the reported perpetrator) for suspected and established cases. In suspected cases this mean was 6.28, while in established cases the mean was 8 years, $t(207) = -3.41$, $p < .01$. In a crosstabulation of suspected and established cases by grouped victim data, cases were more frequently established when the victim was initially abused after the age of two; 37% of cases involving children two and under were established, while over 75% of those 6 to 8, 9 to 11, 15 to 17, and 18 to 20 were established (See Table 21).

Victim Race/Ethnic Group

There were no statistically significant differences at the .05 alpha level in the racial categories of victims in the established and suspected cases, $\chi^2(2, N=304) = 2.658$. Suspected cases involved 77% ($n=94$) whites, 13.9% ($n=17$) blacks and 9% ($n=11$) "others." Established cases involved 78.6% ($n=143$) whites, 8.8% ($n=16$) blacks, and 12.6% ($n=23$) "others." Cases were established in 60.3% of reports involving whites, 48.5% of reports involving blacks, and 67.6% of reports involving "others."

Table 21

Victims' Ages At Time of Initial Sexual Abuse in Suspected
and Established Cases

Ages	Cases	
	Suspected	Established
18-20	0 -	1 (.6%)
15-17	2 (2.0%)	9 (5.4%)
12-14	17 (16.8%)	24 (14.5%)
9-11	11 (10.9%)	35 (21.1%)
6-8	13 (12.9%)	49 (29.5%)
3-5	41 (40.6%)	38 (22.9%)
0-2	17 (16.8%)	10 (6.0%)

$\chi^2(6, N=267)=27.829, p=.000.$

Perpetrator Gender

There were no statistically significant differences at the .05 alpha level in the genders of perpetrators involved in suspected and established cases, $\chi^2(1, N=344)=0$. Males were involved in 90.6% ($n=125$) of the suspected cases and 90.8% ($n=187$) of the established cases. Cases were established in 59.9% of reports involving males and 59.4% of reports involving females.

Perpetrator Age

There were statistically significant differences in the mean ages of perpetrators in suspected and established cases. In the former, this age was 22.9 years, while in established cases it was 28.35 years, $t(117)=-3.35$, $p<.01$. In crosstabulations of suspected and established cases by grouped data on perpetrators' ages, reports were most frequently established when the perpetrator was age 10 or older: only 14.3% ($n=1$) of cases involving alleged perpetrators under age 10, versus at least 62% of cases involving all other age groups of perpetrators were established (See Table 22).

Perpetrator Race/Ethnic Group

The race/ethnic groups of the perpetrators did not produce statistically significant differences at the .05 alpha level in the numbers of suspected and established

Table 22

Ages of Perpetrators in Suspected and Established Cases

Age (In Years)	Cases	
	Suspected	Established
55 or over	0 -	0 -
46-54	0 -	5 (100%)
37-45	9 (20.9%)	34 (79.1%)
28-36	15 (27.3%)	40 (72.7%)
19-27	10 (30.3%)	23 (69.7%)
10-18	23 (37.7%)	38 (62.3%)
0-9	6 (85.7%)	1 (14.3%)

Note. Row percentages sum to 100%.

$\chi^2(5, N=204)=15.76, p=.008.$

cases, $\chi^2(2, N=270)=1.83$. The suspected cases involved 84.7% ($n=83$) white, 11.2% ($n=11$) black, and 4.1% ($n=4$) "other" perpetrators, while the established cases involved 85.5% ($n=147$) whites, 7.6% ($n=13$) blacks, and 7% ($n=12$) "other" perpetrators. Cases were established in 63.9% of cases involving whites, 54.2% of cases involving blacks, and 75% of cases involving "others."

Perpetrator Marital Status

There were no statistically significant differences at the .05 alpha level in suspected and established cases in the marital status of perpetrators, $\chi^2(4, N=312)=1.568$. In suspected cases, these individuals were single ($n=47$, 35.6%), married ($n=75$, 56.8%), divorced ($n=1$, .8%), widowed ($n=7$, 5.3%), and separated ($n=2$, 1.5%). In established cases they were single ($n=60$, 31.6%), married ($n=120$, 63.2%), divorced ($n=7$, 3.7%), widowed ($n=1$, .5%), and separated ($n=2$, 1.1%).

Perpetrator Military Status

There were no statistically significant differences at the .05 alpha level, in the military status of perpetrators in the suspected and established cases, $\chi^2(3, N=336)=5.873$. In suspected cases, 25.8% ($n=34$) of alleged perpetrators were civilian, nonmilitary dependents, 20.5% ($n=27$) were civilian military

dependents, 49.2% ($\underline{n}=65$) were active duty, and 4.5% ($\underline{n}=6$) were retired military. In established cases, 17.2% ($\underline{n}=35$) were civilian, non-military dependents, 16.2% ($\underline{n}=33$) were civilian military dependents, 61.3% ($\underline{n}=125$) were active duty, and 5.4% ($\underline{n}=11$) were retired military. Cases were established in the following percentages of reports involving these categories: Civilian, non-military dependents (50.7%), civilian military dependents (55%), active duty (65.8%), and retired military (63.7%).

Active Duty Perpetrators' Branch of Service

There were no statistically significant differences at the .05 alpha level, in the numbers of suspected and established cases involving active duty individuals in different services, $\chi^2(2, \underline{N}=191) = .222$. Air Force personnel accounted for 93.9% ($\underline{n}=62$) of active duty perpetrators in suspected cases and for 95.2% ($\underline{n}=119$) in established cases; Army personnel accounted for 4.5% ($\underline{n}=3$) of the suspected case active duty perpetrators and 3.2% ($\underline{n}=4$) of established cases; Navy personnel were identified in 1.5% ($\underline{n}=1$) of the suspected cases and 1.6% ($\underline{n}=2$) of the established cases. Cases were established in 65.7% of reports involving Air Force personnel, 57.1% of reports involving Army personnel, and 66.7% of reports involving Navy personnel.

Active Duty Perpetrators' Rank

Ranks of perpetrators did not significantly differ in established and suspected cases, $t(145) = -1.79$, $p = .076$. Additionally, there were no statistically significant differences at the .05 alpha level, in suspected and established cases in the number of individuals in the various rank groups, $\chi^2(4, N=184) = 5.17$ (See Table 23). In suspected cases, these individuals were E1 to E4s ($n=14$, 23%), E5 to E6s ($n=35$, 57.4%), E7 to E9s ($n=7$, 11.5%), O1 to O3s ($n=5$, 8.2%), and O4 to O6s ($n=0$). In established cases, they were E1 to E4s ($n=20$, 16.3%), E5 to E6s ($n=63$, 51.2%), E7 to E9s ($n=23$, 18.7%), O1 to O3s ($n=12$, 9.8%), and O4 to O6s ($n=5$, 4.1%). Reports were established in 58.8% of cases involving E1 to E4s, 64.3% of E5 to E6 cases, 76.7% of E7 to E9 cases, 70.6% of O1 to O3 cases, and in 100% of cases involving O4 to O6s.

Active Duty Perpetrators' Career Fields

The number of active duty alleged perpetrators in the different career field categories was not statistically analyzed due to the low cell count for these data.

Relation of Perpetrator and Victim

Statistically significant differences in the number of suspected and established cases were evident for different categories of perpetrator/victim relationships, $\chi^2(9$,

Table 23

Ranks of Active Duty Perpetrators in Suspected and
Established Cases

Rank	Cases	
	Suspected	Established
E1-E4	14 (41.2%)	20 (58.8%)
E5-E6	35 (35.7%)	63 (64.3%)
E7-E9	7 (23.3%)	23 (76.7%)
O1-O3	5 (29.4%)	12 (70.6%)
O4-O6	0 -	5 (100%)

Note. Row percentages sum to 100%.

$\chi^2(4, N=184)=5.17, p=.270.$

$\underline{N}=346$)=19.361, $p<.05$. See Table 24 for a summary of these data.

Although the individual relationship categories accounted for essentially the same percentages of cases in the suspected and established groups (for example, fathers accounted for 25.2% of the former cases and 25.6% of the latter), there were notable differences in the categories of relations which had higher percentages in one case classification over the other: cases involving fathers, step/adoptive fathers, other male relatives, babysitters, adult friends/neighbors, and "others" were established in 56% to 72.2% of the categories, while cases involving mothers, other female relatives, peers, and strangers were established 0% to 42.9% of the time.

Sexually Abusive Behaviors

There were statistically significant differences in the number of suspected and established cases involving the different sexually abusive behavior groups, $\chi^2(4, \underline{N}=356)=31.661$, $p=.000$. See Table 25 for a summary of these data. Anal/genital contact and anal/genital penetration behaviors were more frequently evident in established than suspected cases, while the opposite was true for cases involving non-contact behaviors and "other" behaviors; non-genital contact behaviors were slightly more frequent in established cases than in suspected

Table 24

Relationship of Perpetrator to Victim in Suspected and Established Cases

Relationship	Cases	
	Suspected	Established
Mother	2 (66.7%)	1 (33.3%)
Father	35 (39.8%)	53 (60.2%)
Step/Adoptive Father	31 (36.9%)	53 (63.1%)
Other Male Relative	13 (39.4%)	20 (60.6%)
Other Female Relative	3 (60%)	2 (40%)
Babysitter	19 (43.2%)	25 (56.8%)
Adult Neighbor/Friend	12 (36.4%)	21 (63.6%)
Peer	9 (100%)	0 -
Stranger	4 (57.1%)	3 (42.9%)
Other	11 (27.5%)	29 (72.5%)

Note. Row percentages sum to 100%.

$$\chi^2(9, N=346)=19.361, p=.022.$$

Table 25

Type of Most Intrusive Sexually Abusive Behavior Reported
in Suspected and Established Cases

Behavior	Cases	
	Suspected	Established
Non-Contact	15 (65.2%)	8 (34.8%)
Non-Anal/Genital Contact	54 (44.3%)	68 (55.7%)
Other Behavior	38 (64.4%)	21 (35.6%)
Anal/Genital Contact	19 (26.8%)	52 (73.2%)
Anal/Genital Penetration	22 (27.2%)	59 (72.8%)

Note. Row percentages sum to 100%.

$\chi^2(4, N=356)=31.661, p=.000.$

cases.

Frequency of the Abusive Incidents

There were statistically significant differences in the mean number of sexually abusive incidents a victim reportedly experienced in suspected and established cases. This mean was 2.8 for the former and 8.35 for the latter, $t(154) = -2.86$, $p < .01$. In crosstabulations of suspected and established cases by grouped data on the frequency of the incidents, cases were (in general) most frequently established when they involved reports of more than two episodes (See Table 26). Cases involving reports of one to two episodes were established 53% of the time, while cases involving more than two episodes were established at least 75% of the time (except those reports relating five to six episodes, of which only 50% were established).

Duration of the Abusive Relationship

There were statistically significant differences in the mean period of time over which the sexually abusive relationships occurred in suspected and established cases. In suspected cases, this mean was 14.64 months; in established cases it was 25 months, $t(115) = -2.7$, $p < .01$. In a crosstabulation of suspected and established cases by grouped data on the duration of abusive relationships, reports were most frequently established when the abusive

Table 26

Number of Episodes of Sexual Abuse Alleged in Suspected
and Established Cases

Episodes	Cases	
	Suspected	Established
11 or more	2 (16.7%)	10 (83.3%)
9-10	1 (25%)	3 (75%)
7-8	0 -	1 (100%)
5-6	5 (50%)	5 (50%)
3-4	7 (18.4%)	31 (81.6%)
1-2	61 (47.3%)	68 (52.7%)

Note. Row percentages sum to 100%.

$$\chi^2(5, N=194)=14.456, p=.013.$$

relationship lasted over three years (See Table 27).

Source of the Initial Report

There were statistically significant differences in the number of cases reported by different categories of the source of initial reports in suspected and established cases, $\chi^2(8, N=341)=23.706$, $p<.01$. (See Table 28 for a summary of these data.) Cases referred by the perpetrators themselves, by "other" professionals and by the victim, had the highest percentage of cases in the established category ($n=9$, 90%; $n=18$, 85.7%; and, $n=47$, 63.5%, respectively). Cases referred by medical personnel were classified as established in the smallest percentage of cases ($n=2$, 16.7%). Cases referred by non-offending parents and other family member/neighbors of victims were only slightly more often classified as established than suspected.

Source to Which Initial Report Was Made

There were statistically significant differences in the number of cases classified according to the source to which the initial report was made in the suspected and established categories, $\chi^2(9, N=351)=24.497$, $p<.01$. See Table 29 for a summary of these data. Cases which were initially reported to civilian police or OSI were established in the highest percentage of case in the

Table 27

Duration of Sexually Abusive Relationships in Suspected
and Established Cases

Duration (In Months)	Cases	
	Suspected	Established
49 or more	1 (6.7%)	14 (93.3%)
43-48	1 (10.0%)	9 (90.0%)
37-42	2 (100%)	0 -
31-36	2 (25.0%)	6 (75.0%)
25-30	0 -	0 -
19-24	4 (23.5%)	13 (76.5%)
13-18	0 -	1 (100%)
7-12	12 (36.4%)	21 (63.6%)
1-6	14 (28.0%)	36 (72.0%)

Note. Row percentages sum to 100%.

$\chi^2(7, N=136)=12.136, p=.096.$

Table 28

Sources of Initial Reports in Suspected and Established Cases

Source	Cases	
	Suspected	Established
Victim	27 (18.5%)	47 (24.1%)
Perpetrator	1 (.7%)	9 (4.6%)
Non-Offending Parent	77 (52.7%)	92 (47.2%)
Other family/neighbor	14 (9.6%)	17 (8.6%)
Security Police	2 (1.4%)	1 (.5%)
Medical	10 (6.8%)	2 (1.0%)
Child Care/Youth Center/ School	9 (6.2%)	7 (3.6%)
Other Professionals	3 (2.1%)	18 (9.2%)
Anonymous	3 (2.1%)	2 (1.0%)

$\chi^2(8, N=341)=23.706, p=.003.$

Table 29

Source To Whom Initial Report Was Made in Suspected and Established Cases

Source	Cases	
	Suspected	Established
FAO	40 (42.6%)	54 (57.4%)
Civilian Social Service	23 (34.8%)	43 (65.2%)
FAO/Civ.SS Combination	1 (100%)	0 -
Mental Health	21 (50%)	21 (50%)
Security Police	4 (30.8%)	9 (69.2%)
Civilian Police	1 (9.1%)	10 (90.9%)
OSI	5 (26.3%)	14 (73.7%)
Medical	43 (63.2%)	25 (36.8%)
Other Combination	4 (40%)	6 (60%)
Other	9 (33.3%)	18 (66.7%)

Note. Row percentages sum to 100%.

$\chi^2(9, N=351)=24.497, p=.004.$

individual categories ($n=10$, 90.9% and $n=14$, 73.7% respectively). Cases referred initially to installation medical personnel were established least frequently.

Source of the Initial Interview of the Victim

There were statistically significant differences in the number of cases classified according to the source of the initial interview with the victim in suspected and established cases, $\chi^2(9, N=338)=18.968$, $p<.05$. See Table 30 for a summary of these data. Cases in which the interview was initially conducted by a police or criminal investigation source (security police, civilian police or OSI), all had high percentages of cases in those categories classified as established (76.5% to 90%), as did cases involving interviews by "others." Cases involving initial interviews of victims by FAOs or civilian social service personnel were not classified as established as frequently (only 53.3% to 60.9% of these cases), while cases involving initial interviews of victims by mental health and base medical personnel had the lowest percentage of cases in the established category.

Source of the Initial Interview of the Perpetrator

There were no statistically significant differences at the .05 alpha level in the number of cases classified

Table 30

Source of Initial Interview of Victim in Suspected and
Established Cases

Source	Cases	
	Suspected	Established
PAO	35 (46.7%)	40 (53.3%)
Civilian Social Service	43 (39.1%)	67 (60.9%)
PAO/Civ. Social Serv. Comb.	8 (42.1%)	11 (57.9%)
Mental Health	16 (57.1%)	12 (42.9%)
Security Police	1 (16.7%)	5 (83.3%)
Civilian Police	1 (10%)	9 (90%)
OSI	4 (23.5%)	13 (76.5%)
Medical	26 (57.8%)	19 (42.2%)
Other Combination	7 (31.8%)	15 (68.2%)
Other	1 (16.7%)	5 (83.3%)

Note. Row percentages sum to 100%.

$$\chi^2(9, N=338)=18.968, p=.025$$

according to the source of the initial interview of the perpetrator in suspected and established cases, $\chi^2(9, N=275)=12.732$. At least half of all cases interviewed by the different sources were classified as established (except the FAO and civilian social service personnel combination category which had 43.8% of cases in the established category).

Source of the Initial Interview of the Non-Offending Parent(s)

There were statistically significant differences in the number of cases classified according to the source of the initial interview of the non-offending parent(s) of the victim in the suspected and established cases, $\chi^2(9, N=304)=23.047$, $p<.01$. See Table 31 for a summary of these data. Over 50% of the cases in each interviewer category were classified as established, with the exception of mental health personnel ($n=10$, 41.7%) and installation medical personnel ($n=5$, 22.7%) categories.

Sequence in Which the Victim, Perpetrator and Non-Offending Parent of the Victim were Interviewed

There were no statistically significant differences at the .05 alpha level in the numbers of cases classified according to the order in which the victims and perpetrators were initially interviewed in suspected and

Table 31

Source of Initial Interview of Non-Offending Parents in
Suspected and Established Cases

Source	Cases	
	Suspected	Established
FAO	51 (45.5%)	61 (54.5%)
Civilian Social Service	23 (35.8%)	43 (64.2%)
FAO/Civ. Social Serv. Comb.	10 (43.5%)	13 (56.5%)
Mental Health	14 (58.3%)	10 (41.7%)
Security Police	1 (14.3%)	6 (85.7%)
Civilian Police	1 (25%)	3 (75%)
OSI	8 (36.4%)	14 (63.6%)
Medical	17 (77.3%)	5 (22.7%)
Other Combination	4 (21.1%)	15 (78.9%)
Other	1 (20%)	4 (80%)

Note. Row percentages sum to 100%.

$$\chi^2(9, N=305)=22.648, p=.007.$$

established cases, $\chi^2(2, N=297)=1.502$ and $\chi^2(2, N=250)=.888$, respectively. Cases in which the victims were interviewed first were established in 60.8% ($n=101$) of the cases; when the victims were interviewed second or third, the cases were established in 55.9% ($n=66$) and 46.2% ($n=6$) of the cases, respectively. When perpetrators were interviewed first, 56.5% ($n=3$) of the cases were established; when interviewed second or third, the cases were established in 60% ($n=39$) and 64.8% ($n=105$) of the cases respectively. There was a statistically significant difference in the numbers of cases in which the non-offending parent was interviewed in varying sequential order, $\chi^2(2, N=294)=7.976$, $p<.05$. When interviewed first, second, and third, 49.2% ($n=62$), 59.3% ($n=70$) and 72% ($n=36$) of the cases were classified as established, respectively.

Indicators of Abuse

There were statistically significant differences at the .05 alpha level in the number of cases in categories of "indicator present" or "indicator not present" in suspected and established cases for nine of the sixteen indicators that abuse occurred. The following paragraphs summarize these findings.

There were statistically significant differences in the number of children who related details of the alleged

incidents, $\chi^2(1, N=362)=38.397$, $p=.000$. This indicator was present in 53.2% ($n=82$) of suspected cases and 83.7% ($n=175$) of established cases. Cases in which children did relate details of the abuse were established 68.1% of the time; when children did not relate details, cases were established 31.9% of the time.

There were statistically significant differences in the number of cases in which an interview with the child using anatomically correct dolls suggested abuse occurred, $\chi^2(1, N=362)=6.298$, $p<.05$. This indicator was present in 9.1% ($n=14$) of suspected cases and 19.1% ($n=40$) of established cases. When present, cases were established 74.1% of the time; when not present, cases were established 54.7% of the time.

There were no statistically significant differences in suspected and established cases in the number of times in which an interview with the child using art or play techniques suggested that abuse occurred, $\chi^2(1, N=362)=2.37$. This occurred in 1.3% ($n=2$) of suspected cases and 4.8% ($n=10$) of established cases. When it did not occur, cases were established 56.7% of the time; when it did occur, cases were established 83.3% of the time.

There were statistically significant differences in suspected and established cases in the number of

perpetrators who admitted sexually abusing the child, $\chi^2(1, N=362)=60.432$, $p=.000$. The perpetrators confessed in 4.5% ($n=7$) of suspected cases, and 41.1% ($n=86$) of established cases. When the perpetrator confessed, cases were established 92.5% of the time. When he/she did not confess, the reports were established in 45.6% of the cases.

There were statistically significant differences in suspected and established cases in the number of times there were eyewitnesses to the abuse who gave an accounting of the incident(s), $\chi^2(1, N=362)=7.36$, $p<.05$. This occurred in 5.8% ($n=9$) of suspected cases and 13.9% ($n=29$) of established cases. When this occurred, 76.3% of the cases were established; cases in which it did not occur were established 55.6% of the time.

There were no statistically significant differences at the .05 alpha level in suspected and established cases in the number of times in which there was physical evidence of abuse, $\chi^2(1, N=362)=.154$. There was such evidence in 10.4% ($n=16$) of suspected cases and 8.6% ($n=18$) of established cases. When evidence was present, cases were established 52.9% of the time; when no physical evidence existed, 55.6% of the cases were established.

There were no statistically significant differences at the .05 alpha level in suspected and established cases in

the number of times the victims were pregnant, reportedly because of sexual abuse, $\chi^2(1, N=362)=.874$. This occurred in two (1.3%) of the suspected cases, but did not occur in any of the established cases.

There were no statistically significant differences at the .05 alpha level in suspected and established cases in the number of times a child contracted a sexually transmitted disease, reportedly as a result of sexual abuse, $\chi^2(1, N=362)=.700$. This occurred in 4.5% ($n=7$) of suspected cases and 2.4% ($n=5$) of established cases. When it did occur, the cases were established 41.7% of the time; when it did not occur, the cases were established 58.1% of the time.

There was a statistically significant difference in suspected and established cases in the number of times in which civilian law enforcement workers rendered opinions that sexual abuse occurred, $\chi^2(1, N=362)=30.72$, $p=.000$. This happened in 1.9% ($n=3$) of suspected cases and 23% ($n=48$) of established cases. When it occurred, cases were established 94.1% of the time, when it did not occur, cases were established 51.6% of the time.

There was a statistically significant difference in suspected and established cases in the number of times in which civilian child protective service workers rendered opinions that sexual abuse occurred, $\chi^2(1, N=362)=67.337$,

$p=.000$. This occurred in 7.8% ($n=12$) of suspected cases and 48.8% ($n=102$) of established cases. When it did occur, cases were established 89.5% of the time; when it did not occur, cases were established 43% of the time.

There was a statistically significant difference in suspected and established cases in the number of times in which OSI investigations indicated that sexual abuse occurred, $\chi^2(1, N=362)=55.41$, $p=.000$. This indicator was present in .6% ($n=1$) of suspected cases, and 32.1% ($n=67$) of established cases. When it occurred, cases were established 98.5% of the time; when it did not occur, cases were established 48.1% of the time.

There was a statistically significant difference in suspected and established cases in the number of times in which FAOs rendered opinions that abuse occurred, $\chi^2(1, N=362)=135.699$, $p=.000$. FAOs rendered such opinions in 7.1% ($n=11$) of suspected cases and 68.9% ($n=144$) of established cases. When this occurred, cases were established 92.9% of the time; when it did not occur, cases were established 31.3% of the time.

There was a statistically significant difference in suspected and established cases in the number of times in which Child Advocacy Committee personnel rendered opinions that sexual abuse occurred, $\chi^2(1, N=362)=147.516$, $p=.000$. This occurred in 3.2% ($n=5$) of suspected cases and 67%

(n=14) of established cases. When it occurred, cases were established 96.6% of the time; when it did not occur, cases were established 31.7% of the time.

There was a statistically significant difference in suspected and established cases in the number of times in which a family court judge determined sexual abuse had occurred, $\chi^2(1, \underline{N}=362)=22.191$, $p=.000$. This occurred in .6% (n=1) of suspected cases and 15.8% (n=33) of established cases. When it occurred, cases were established 97.1% of the time; when it did not occur, cases were established 53.5% of the time.

There was a statistically significant difference in suspected and established cases in the number of times in which the perpetrator was found guilty of child sexual abuse in civilian court, $\chi^2(1, \underline{N}=362)=17.066$, $p=.000$. This occurred in .6% (n=1) of suspected cases and 12.9% (n=27) of established cases. When it occurred, cases were established 96.4% of the time; when it did not occur, cases were established 54.3% of the time.

There was a statistically significant difference in suspected and established cases in the number of times a perpetrator was convicted by a court martial for a child sexual abuse offense, $\chi^2(1, \underline{N}=362)=31.2$, $p=.000$. This occurred in 19.1% (n=40) of established cases, but did not occur in any suspected cases.

Lastly, the presence of the above indicators was considered in terms of the number of indicators present in an individual case. A t-test revealed that the mean number of case indicators in the suspected group (1.12) was significantly different from the mean number of case indicators in the established group (4.61), $t(321)=-21.80$, $p=.000$.

Relation of Base Variables to the Numbers of Suspected and Established Cases

The following sections address differences found in the number of cases classified as either suspected or established, when analyzed in terms of selected base variables.

FAOs Family Advocacy Program Experience

There was a statistically significant difference in the numbers of suspected and established cases in relation to the amount of Family Advocacy Program experience the FAOs who were at the installation in which the case was reported to have had. The mean years of experience of FAOs reporting on suspected cases was 4.11 years versus 5.43 for FAOs reporting on established cases, $t(346)=-2.80$, $p<.01$.

The amount of experience a FAO had at the installation to which he or she was assigned at the time of the survey

was not statistically associated , at the .05 alpha level, with the numbers of reports of child sexual abuse which were labeled as suspected or established, $t(323)=.11$. The mean length of experience at the installation Family Advocacy Program for which the survey was completed was 26.29 months for suspected cases and 25.9 months for established cases.

FAOs Time Alloted to Family Advocacy Duties

The amount of time an FAO spent in duties related to child abuse and neglect was not significantly associated with the number of reports which were categorized as suspected and established, $t(339)=.72$. However, there was a statistically significant difference in the number of cases in these categories when analyzed in accordance with the number of hours FAOs spent in direct contact with victims, perpetrators and families of those involved in child abuse and neglect, $t(359)=-2.75$, $p<.01$. Table 32 summarizes these differences when grouped data were considered. As the number of hours a FAO spent in such direct contact increased, the percentage of cases which were established also increased.

Limitations Placed on Definitions of Child Sexual Abuse

Using chi square tests, there were no statistically significant differences at the .05 alpha level in the

Table 32

Number of Suspected and Established Cases By Number of
Hours FAOs Reporting On the Cases Spent in Direct Contact
with Family Advocacy Program Clients

Hours	Cases	
	Suspected	Established
30 or more	0 -	2 (100%)
25-29	0 -	0 -
20-24	6 (22.2%)	21 (77.8%)
15-19	6 (31.6%)	13 (68.4%)
10-14	21 (47.7%)	23 (52.3%)
5-9	61 (42.4%)	83 (57.6%)
0-4	59 (46.8%)	67 (53.2%)

number of cases which were categorized as suspected or established when viewed in relation to whether or not the limitations on a definition of child sexual abuse previously discussed were applicable at the various installations.

Of particular interest in this research effort was whether the requirement for a caretaker relationship had an effect on the number of reports which would be established. No such statistically significant difference was detected, $\chi^2(1, N=362) = .683$: 96.1% ($n=147$) of suspected cases and 98.1% ($n=205$) of established cases occurred at installations where such relationships were not required. When a caretaker relationship was required, 40% ($n=4$) of the cases reported to those installations were established, while 58.2% ($n=205$) of cases at installations where it was not required were established.

Ages at Which Children Were No Longer Considered Victims of Child Sexual Abuse

There were no statistically significant differences at the .05 level in the numbers of reports of child sexual abuse. These reports were categorized as suspected or established when analyzed in terms of whether either the base or the surrounding civilian community identified the age at which a child was no longer considered to be a victim of sexual abuse as being less than 18 or 18 and

over, $\chi^2(2, N=362)=2.214$, and $\chi^2(2, N=362)=5.937$.

Source of Child Sexual Abuse Definitions

There were no statistically significant differences at the .05 alpha level in the number of suspected and established cases identified at installations utilizing the different sources of child sexual abuse definitions, $\chi^2(3, N=346)=6.262$. Installations which utilized military sources for the definition established reports 48.1% of the time ($n=62$); those using state statutes established 56.4% of their cases ($n=31$); those using a combination of sources established 65.9% ($n=29$) of their cases; and installations with no specific guidance established 61% of their child sexual abuse reports ($n=72$).

Behaviors Perceived as Sexual Abuse

There were four abusive behaviors for which there were statistically significant differences in the number of reports which were established and suspected when analyzed according to whether these behaviors were perceived as sexual abuse at the installation. Three of these behaviors involved non-contact: sexually suggestive statements made to the child, $\chi^2(1, N=362)=6.009$, $p<.05$; verbal request by the perpetrator to participate in sexually abusive act (not acted upon), $\chi^2(1, N=362)=4.433$, $p<.05$; and, perpetrator nudity around the child,

$\chi^2(1, N=362)=5.781, p<.05$. In all three of these behavioral categories, installations at which the behaviors were not viewed as abusive had more of their child sexual abuse reports established than did installations at which the behaviors were viewed as abusive (approximately 68% of cases were established at installations not viewing the behaviors as abusive, versus approximately 55% of cases at the remaining installations).

The other behavior for which there were significant differences in numbers of established cases, according to how this behavior was viewed, was involvement of the child in reviewing pornographic material, $\chi^2(1, N=362)=8.792, p<.01$. At installations where this behavior was not considered abusive, 88% of reports were established, versus 55.5% at installations where it was considered abusive.

Number of Cases Handled By Installation Family Advocacy Programs

There was no statistically significant difference in the numbers of cases which were suspected or established when analyzed in terms of the number of all child abuse and neglect cases an installation received, $t(319)=-.00, p<.05$. Child sexual abuse reports were most often established (72.2% of the time) at installations having 11

to 20 total reports, although installations with less than 11, or more than 20 reports, established their child sexual abuse cases between 40% and 63% of the time.

There was no statistically significant difference at the .05 alpha level in the number of child sexual abuse reports classified as established or suspected in relation to the number of sexual abuse reports an installation received, $t(360) = .94$. However, when these data were grouped, there was a statistically significant difference, $\chi^2(2, N=362) = 12.062, p < .05$. See Table 33 for a summary of these data. Sexual abuse cases were most frequently established (78.2% of the time) when the installation had four or less child sexual abuse reports.

Chapter Summary

This chapter has presented a large quantity of data obtained from the analysis of completed surveys from 58 installations on 376 reports of child sexual abuse. These findings will be discussed in the following chapter, with emphasis on how the data relate to the research questions and hypotheses posed.

Table 33

Number of Suspected and Established Cases By Number of
Child Sexual Abuse Reports Received at Individual Bases

Reports Received	Cases	
	Suspected	Established
25 or more	33 (43.4%)	43 (56.6%)
20-24	0 -	0 -
15-19	30 (47.6%)	33 (52.4%)
10-14	35 (43.2%)	46 (56.8%)
5-9	43 (49.4%)	44 (50.6%)
0-4	12 (21.8%)	43 (78.2%)

Note. Row percentages sum to 100%.

$$\chi^2(4, N=362)=12.062, p=.017.$$

Chapter 6

Discussion

The following chapter presents a discussion of the research findings reported in Chapter 5. The first section will briefly address findings related to the survey respondents. The remainder of the chapter is divided into sections according to the three research focuses identified in Chapter 3. Subsections address the specific research questions that were to be addressed and the hypotheses which were to be tested.

Survey Respondents

Individuals who completed surveys represented approximately half of all FAOs. Those who completed the surveys were comparable to the study population of FAOs, with the modal FAO and survey respondent being an active duty male social worker who was assigned Family Advocacy Program duties on an additional duty basis. Approximately half of active duty and civilian, and field grade and company grade FAOs completed the survey. There were slightly more males who completed the survey than females (approximately 53% of the former group versus 31% of females). Approximately half of the FAOs assigned within

the United States and in the Far East/Pacific and European/Middle East areas completed surveys, as did approximately half of those assigned to clinics, hospitals and regional medical centers; FAOs from regional hospitals were slightly underrepresented.

The respondents were typically experienced in working with the Family Advocacy Program, with approximately 75% having at least two years experience. However, a sizeable portion ($n=20$, 34.5%) had not worked with the Family Advocacy Program at the installation for which they completed the survey for the entire period of interest. This finding is not surprising since approximately one-third of the active duty force encounters a permanent change of duty station every year. The finding does, however, possibly bias any findings on the effect variables related to the FAOs have on the categorization of cases as established. The information which these 20 FAOs provided regarding the amount of time they spent on child abuse/neglect related duties may not have been the same as that spent by their predecessors, who may well have handled the bulk of the installation's child sexual abuse reports from 1985. Further, two respondents included notes in the survey responses indicating that their predecessors had kept incomplete records, so that in some cases only limited or no case data could be provided.

The majority of respondents spent less than 20% of their duty week on child abuse/neglect related matters and even less time in direct contact with victims, clients and their families. This suggests that most FAOs fulfill these duties on a limited, part-time basis. The study did not attempt to address if the time spent on FAO duties was sufficient to address the Family Advocacy Program needs at the installations, although four respondents included notes that they felt their time available for these duties was drastically insufficient.

The data indicate an association between both a FAO's Family Advocacy Program experience and the number of hours spent in direct contact with family advocacy clients and the number of child sexual abuse reports which were established rather than classified as suspected. These findings could suggest that program experience and the amount of client contact are associated with expertise in investigation of child sexual abuse reports, which in turn increases the chances that sufficient indicators will be identified to establish a case. Another possibility is that Family Advocacy Program experience may be associated with value the Child Advocacy Committee places on a FAO's opinions related to child sexual abuse reports. The amount of direct contact a FAO has with clients may increase the chance of obtaining information which could

help substantiate a report. Further, the amount of expertise and involvement a FAO is perceived as having could increase the likelihood of individuals being willing to report child sexual abuse.

This study did not address a causal relationship between these variables. Nor did it sufficiently study other environmental and FAO and Child Advocacy Committee member variables which could impact on the proportion of reports which were substantiated (for example, FAO training and expertise in the area of child sexual abuse, community education efforts, aggressiveness of investigations/judicial systems in this area, and local availability of treatment services). Nevertheless, the findings related to FAO experience and client contact hours suggest the need for further investigation of FAO related, as well as environmental and Child Advocacy Committee member variables which might affect substantiation rates.

Focus One: Definitions of Child Sexual Abuse

The findings suggest that there are differences in the source of the definitions of child sexual abuse used at the installations and on the limitations placed on referrals considered appropriate for the Family Advocacy Program. The installations were essentially in agreement regarding the ages at which children were no longer

considered victims of child sexual abuse, and the behaviors which were considered sexually abusive.

Question 1: Do Air Force installations use state statutes or military regulations in defining child sexual abuse?

The installations were divided regarding the source from which they drew this definition. FAOs from slightly less than half of the bases indicated that they used military sources only, the majority of these indicated that this military source was a military regulation. This finding is interesting since the existing military regulations pertinent to the installations (the DoD and Air Force Family Advocacy Program regulations) fail to provide a specific definition of child sexual abuse. Another 13.8% of respondents acknowledged that their installation used no specific guidance for defining child sexual abuse.

Approximately 38% of the installations utilized a state statute or mixture of state statutes and military sources to define child sexual abuse. This could suggest that at least this group did have guidance on how child sexual abuse should be defined, although it also suggests a source of variability among installations as to how child sexual abuse is defined.

These findings suggest that there is not a uniform definition of child sexual abuse currently in use at these

Air Force installations. This lack of uniformity provides the opportunity for inconsistencies among installations regarding who will and will not be provided Family Advocacy Program services. Such opportunity thwarted efforts by the DoD and the Department of the Air Force in the late 1970s and early 1980s to ensure consistency among the military Family Advocacy Programs.

Question 2: Are there any age differences among Air Force installations regarding the age at which a child is no longer considered a victim of child sexual abuse?

The installations were essentially in agreement (91.4%) that age 18 was the age at which a victim would no longer be considered a victim of child sexual abuse. Variations in this maximum were primarily in favor of older age limitations.

This finding suggests that almost all children under age 18, who otherwise meet Family Advocacy Program criteria, would be considered appropriate referrals as child sexual abuse victims. Although the one exception to this (the installation at which the age cutoff was 16) may not be statistically significant, it could well be practically significant, particularly if services are denied at this installation to children age 16 and over.

The ages at which children were no longer viewed as victims of sexual abuse by the civilian communities in

which the installations were located reflects a greater variability than do the installations' identified maximum ages; four (approximately 7%) of the communities set this age at less than 18. This is not surprising in light of Russell's (1983a) finding that laws vary as to the age of the child who is considered a victim of child sexual abuse. The fact that all but one of the installations retained the maximum age of at least 18 suggests that the DoD definition of "child" (as those age 18 or less) takes precedence over reliance on the state's definition of "child" sexual abuse victim as it relates to victim's ages.

A final notable finding regarding the civilian community's age limit for child sexual abuse was that 10 (17.2%) of respondents did not complete this item. This could suggest lack of familiarity with laws applicable to child sexual abuse in the civilian community. Such familiarity is important since many Air Force families reside in the civilian community and are under that community's legal jurisdiction.

Question 3: Is there a difference in the types of activity considered by Family Advocacy Program personnel to be child sexual abuse?

The installations were essentially in agreement regarding the types of behavior which were considered sexually abusive. Over half of the installations identified all of

the behaviors specified in the survey as forms of child sexual abuse, with the exception of "observation of the child in some state of undress" (which only 29.3% classified as abusive). Over 90% of the installations considered all specified forms of non-anal/genital contact, "other" behaviors, anal/genital contacts, and anal/genital penetration behaviors as abusive.

The greatest disagreement involved behaviors classified as non-contact behaviors, with 58.6% to 91.4% of installations classifying the remaining non-contact behaviors as abusive. A possible explanation for the differential labeling of some of the non-contact behaviors as abusive could be that the context in which they occur affects whether they are perceived as abusive. For example, a parent dressing in front of a young child could be viewed differently than exposure of genitals for the sake of sexual stimulation. Additionally, the non-contact behaviors may have been classified as non-abusive at a number of installations which stipulated that abuse had to entail physical contact, or that sexual abuse had to involve behaviors designed to sexually stimulate the perpetrator or another person.

There was only one installation at which each of the following behaviors were not considered abusive: fondling of child by perpetrator, fondling of perpetrator by child,

masturbation of perpetrator by child, child fellating perpetrator, child having oral contact with perpetrator's vagina, penetration of perpetrator's vagina with finger or inanimate object and penile penetration of perpetrator's vagina. The fact that even one base did not consider fondling of the child as abusive was surprising, since most definitions of child sexual abuse include such behaviors as sexually abusive. Also surprising were the other behaviors listed above which were not considered abusive; these suggest that at that particular installation, sexual activity which was intrusive to the perpetrator's body was differentially perceived than activity intrusive to the child.

The single installation at which these behaviors were not classified as abusive could be a reflection of an error on the respondent's part in either completing the survey or in interpreting the definition of child sexual abuse used at his or her installation. However, barring such errors, these findings suggest a narrow definition of child sexual abuse in use at that installation and nonavailability of Family Advocacy Program services to individuals involved in those forms of abuse. Such a restrictive definition would again emphasize the need for Air Force guidance on child sexual abuse definitions to be used by installation Family Advocacy Programs.

Question 4: Is there a difference among Air Force installations regarding the requirement for a caretaker relationship to exist between a perpetrator and victim for an allegation of child sexual abuse to be considered an appropriate referral to the installation Family Advocacy Program?

The installations greatly varied in their requirements that a caretaker relationship exist between a victim and perpetrator, with 62.1% requiring such a relationship and 37.9% not requiring one.

This finding was surprising since the Air Force Family Advocacy regulation governing all Air Force Family Advocacy Programs specifically states that such a relationship is required in the definition of "perpetrator."

The requirement of such a caretaker relationship essentially restricts the availability of Family Advocacy Program services to those involved in abuse by caretakers. If adhered to, this would have prevented access to Family Advocacy Program services for individuals involved in at least 59 of the cases reported in this study. However, by not adhering to this restriction, almost 40% of Air Force Family Advocacy Programs were in violation of the Air Force Family Advocacy Program regulation. This results in a dilemma for program personnel: adhere to the regulation

or provide services to those in need, in violation of the regulation. Although some FAOs could have elected to provide services to those involved in abuse by non-caretakers under mental health rather than Family Advocacy auspices, such action would not rectify the fact that access to other Family Advocacy Program services would officially still be restricted.

There was evidence that even among installations which reportedly required a caretaker relationship, this qualification was not strictly followed. There were six peers, five strangers, and 15 adult neighbors/friends (not acting as babysitters) identified as perpetrators at installations which reportedly required this caretaker relationship. This suggests that official adherence to the caretaker requirement in policy is different from such adherence in practice. This may be a reflection of recognition at the installation level that sexual abuse is a unique form of abuse, in that it tends to be more likely to be perpetrated by non-caretakers than does physical abuse or neglect. Installations which indicated a discrepancy between policy and practice in the caretaker requirement may require such a relationship for child abuse and neglect in general, while allowing exceptions for child sexual abuse. Because of the uniqueness of child sexual abuse in this respect, Air Force policy

regarding this requirement needs to be addressed to ensure appropriate availability of services to individuals involved in this form of child abuse and to ensure consistency among the installations.

Question 5: Are there other differences among the installations regarding qualifications placed on child sexual abuse cases for them to be considered appropriate referrals to the Family Advocacy Programs?

Although the respondents' replies revealed that the installations were essentially in agreement regarding qualifications included in child sexual abuse definitions, sufficient discrepancy existed in several of the qualifications specified in the survey to warrant further discussion. These qualifications are discussed briefly below.

1. Requirement for the child to be a military dependent. Approximately 37% of respondents indicated that their installations did not incorporate this requirement in the Family Advocacy Program. Because children who are not military dependents are generally ineligible for services on Air Force installations, this finding may suggest that there are cases in which the primary recipients of services are the perpetrator and his or her family, while no, or only marginal services, are afforded to that perpetrator's victim. Although such

services could be limited to investigation only, on a more optimistic note, this could also suggest a recognition of need for Family Advocacy Program services for perpetrators of non-intrafamilial abuse and their families.

2. Requirement for the victim to be female. Only one respondent indicated that his or her installation included this requirement. This suggests that at that installation sexual victimization of boys remains an unaddressed problem and education of installation personnel is necessary to encourage advocacy for victimized boys.

3. Requirements for the perpetrator to be active duty or a spouse of an active duty individual. Approximately 20% ($n=12$) of the installations place these restrictions on cases which would be managed by the Family Advocacy Program. This suggests that abuse by peers, most siblings, and a large population of others is not addressed by these Family Advocacy Programs. Further, this finding again indicates that reports involving similar perpetrator/victim relationships are differentially handled at Air Force installations, since some installations would not accept reports on non-active duty perpetrators (or their spouses) while others would.

4. Requirement for the perpetrator to be male. Two installations restrict child sexual abuse cases to those perpetrated by males. This suggests abuse by females is

not recognized as a problem at these installations, and again, indicates a need for education of installation personnel.

5. Requirement for the abusive act to involve physical contact--Twenty-four percent of the installations required physical contact to have occurred. This suggests a major difference in how the installations define child sexual abuse, again pointing to the lack of a consistent definition in use among Air Force installations.

Focus Two: Characteristics of Child Sexual Abuse Reports

The data suggest that the characteristics of cases reported to Family Advocacy Programs are comparable to those reported in the literature. The following sections discuss similarities and differences in the Air Force cases with those reported in the literature. The points suggested by the findings of this study will also be reviewed.

Victim's Age At Time of Report and Time of Initiation of Abuse

The victims' age at the time of the report ($\bar{M}=8.56$) and at the time the abuse was initiated ($\bar{M}=7.33$) was younger than that frequently reported in the literature. This is in part due to the inclusion of suspected case data in these means; the suspected case data reflected a

lower mean victim age than did established cases. It remains an interesting finding, however, since many researchers reporting on sexual abuse victims' ages did not distinguish between substantiated and unsubstantiated case data.

A possible explanation for the lower age of victims could be biases in the military family population which are related to the period of life in which one is most likely to be on active duty. Assuming that most military members enter service prior to age 26 and serve a maximum of 20 years (some as many as 30), the active duty parent is likely to leave the service prior to age 46. Because the vast majority of reported victims are children of active duty members, these children may reflect a younger population than the children of civilians who are not as restricted to access to civilian protective service systems due to their parents' age.

Regardless of this possibility, however, the findings of this study suggest that child sexual abuse is likely to begin at an earlier age than previously reported. Although the mean age could be higher if children of more parents age 46 and over were included, the fact remains that prevention and early intervention services appear appropriate at an early age. Such efforts should be initiated in pre-school programs.

A finding which differed from that of Finkelhor (1979) was that the boys in this study tended to be younger than the girls, with the boys' mean age at time of report (7.23) being one and a half years less than the girls' (8.85), and the boys' mean age at time of initiation of abuse (5.75) being two years less than the girls' (7.79).

The younger age of sexually victimized boys is likely associated with differences between male and female victims regarding the perpetrators of their abuse. In over half of the reports involving boys for whom data on the age of the perpetrator were known, the perpetrators were age 18 or less. This was true in only a quarter of reports involving girls. Since boys appeared to be more likely to be abused by younger perpetrators (who tended to abuse younger victims) than were girls, the mean age of boys would be expected to be lower. The difference in this study's findings from those of Finkelhor may reflect the influence of Finkelhor's limitation on perpetrators to those being five years older than the victim. Since this study did not intentionally incorporate such a restriction, more abuse of children by other children who were close in age to the victims may lower the mean ages of victims.

Another possible explanation for the boys having lower mean ages than the girls was the possibility that as

the boys matured, they were more likely to be able to defend themselves against sexual victimization. Additionally, since boys were less likely than girls to self-initiate reports, the mean age could be biased by more extensive failure to self-report sexual abuse of older boys than was true of girls (since the tendency to self-report rose with the victim's age). Lastly, there is a possibility that sexual activity with boys as they reach puberty and adolescence is even less likely to be perceived as sexual abuse than are such activities with girls of this age range. Factors which bear on the differential abuse of male and female victims according to their age warrant further investigation.

Victim's Gender

This study revealed a higher incidence of reports of male victims (22.4%) than most previously reported findings, which had generally indicated that reports of boys ranged from 9% to 16% of all child sexual abuse reports.

This finding suggests that sexual abuse of boys is more common than frequently believed.

Further, the finding that boys were most frequently sexually abused by perpetrators age 18 or younger suggests that boys are particularly at risk for abuse by this age group. This suggests that preventive efforts in the area

of child sexual abuse of boys should ensure that risk by young perpetrators is addressed.

Victim's Race/Ethnic Group

As in other research efforts which involved cases reported to a state protective service system (for example, Conte and Berline, 1981), the majority of reported victims were white, with approximately 75% of those for whom these data were known falling in this category. This is most likely a reflection of the race/ethnic group of the military family population in general. However, because data on the race/ethnic makeup of the Air Force community were not available to this study, such conclusions are not well supported. Future research efforts on characteristics of child sexual abuse victims should incorporate a comparison of racial/ethnic group composition of victims to that of the general population under study.

Perpetrator's Gender

This study found that the incidence of abuse by female perpetrators (8.5%) was consistent with the upper range of abuse by females reported in the literature. This finding supports contentions that child sexual abuse by females does exist and warrants further attention.

Perpetrator's Age

This study found that the mean age of the reported perpetrators (26.8) compared favorably to that found in previous studies. As in Scherzer and Lala's (1980) study, approximately one-third of the reported perpetrators were less than age 18. This finding emphasizes the point that sexual abuse is committed by non-adults (those under age 18), and that it may in fact account for a sizable proportion of child sexual abuse cases.

Perpetrator's Race/Ethnic Group

Approximately 84% of reported perpetrators for whom racial data were available were white. This is higher than the 58% to 62% of cases involving white perpetrators identified in two studies by Kercher et al. (1980), and, again, may be biased by the racial makeup of the military family population.

Perpetrator's Marital Status

The findings on the marital status of the perpetrators were essentially the same as those reported by Kercher et al. (1980), with approximately half of the reports involving married perpetrators.

Perpetrator's Military Status

The finding that slightly over half of the alleged

perpetrators were active duty was not surprising since the majority of reports involved fathers and step/adoptive fathers, and in the military community these individuals are generally the active duty members. What was surprising was the number of cases involving non-active duty individuals who were not related to the victims. This finding emphasizes the importance of recognizing that sexual abuse is perpetrated by a variety of individuals within the Air Force community and that program services need to be designed for those involved in extra-familial as well as intra-familial child sexual abuse.

Active Duty Perpetrator's Rank

The finding that the majority of reported perpetrators were in the ranks below E7 was consistent with the statistics reported by DoD (1985) for the sum of all established child sexual abuse cases within the military services in fiscal year 1984. It is interesting, however, that for all services combined in 1984, there were only 371 established sexual abuse cases perpetrated by active duty personnel, with only 13 of those perpetrators being officers. In this study, there were 123 active duty perpetrators involved in established cases for whom ranks were known, and 17 of them were officers. This suggests that the detection and/or case substantiation rate for

officer perpetrators is higher than in previous years. Although it remains unknown to what extent underreporting exists among cases involving officers, and in how this compares to underreporting among enlisted ranks, there is no indication of differential labeling among the rank categories once identification is made. The trend, however, is that if reported, the higher one's rank, the higher the probability of being labeled as an abuser.

This finding does not support Gove's (1980) contention that power and resources can help one avoid labeling as a deviant.

Although the cell sizes involving officer perpetrators was small, it appears that a factor in this tendency for higher ranking officers to be labeled after identification is linked to the tendency for officers to be involved with civilian systems: field graders were frequently managed by family courts, where 60% were labeled as abusers; company grade officers were more likely than any other rank group to be assessed as abusers by civilian law enforcement officials.

Other explanations for this tendency are elusive, however, especially in light of the apparent reluctance on the part of FAOs, Child Advocacy Committee, and OSI personnel to render opinions that majors and above

actually abused. The possibility exists that military sources are reluctant to substantiate abuse by senior officers, while civilian sources perceive a perpetrator's rank as inconsequential. This possibility warrants further investigation since it could suggest biases in military management of cases according to perpetrator rank.

Active Duty Perpetrator's Career Areas

The finding that the alleged perpetrators worked in a variety of career field areas is not surprising since previous studies have shown that this problem is not limited to the unemployed or "blue collar" or "white collar" workers. There were too few active duty perpetrators for whom these data were known to identify trends in abuse and career areas. It was dismaying that these career field data were available on so few individuals, since this suggests that these data were not considered important to the understanding of dynamics which could be contributing to the abusive behavior.

Relationship of Perpetrators and Victims

This study supported previous findings, such as those by Nakashima and Zakus (1977) and Cantwell (1981), that sexual abuse perpetrated by fathers or step-fathers is the

type most frequently reported. It also supports findings by Conte and Berliner (1981) and Russell (1983) that most sexual abuse is perpetrated by individuals known to the child.

This study identified a lower rate of abuse by strangers (1.9%) than that reported by Gagnon (1965) or Finkelhor (1979). This is possibly a reflection of Family Advocacy Program requirements to address only cases involving caretaker perpetrators; reports involving strangers may be handled by criminal investigations sources, without Family Advocacy Program knowledge or intervention. Also, since the studies by Gagnon and Finkelhor had been retrospective studies involving adults abused as children, this finding could suggest that abuse by strangers is differentially reported to protective service systems than is abuse by other perpetrators. However, it also suggests that prevention programs directed toward protecting children from abuse by strangers may not be the most effective utilization of resources. Findings related to differences in the relationship of perpetrators to victims stress the need for the variety of abusive situations which occur to be addressed in prevention programs.

Sexually Abusive Behaviors

This study found that, as in previous studies, the type of behaviors reported covered a broad spectrum. The fact that so few (6.5%) of these cases involved non-contact behaviors only, suggests that such incidents may be perceived differently than other forms of sexually abusive behavior.

Contrary to Kilpatrick's (1983) finding, there was no evidence that the type of behavior experienced by victims differed for the various racial/ethnic groups of victims.

The significant differences found in the types of behaviors that were reported, according to the perpetrator's relationship to the perpetrator, may suggest that children are at risk for different forms of sexual abuse by perpetrators in different categories of relations. Further, as Sgroi et al. (1981) has suggested, the fact that fathers and step-fathers were consistently reported in all five behavioral categories of abuse, may indicate that the cases involved a continuum of abuse, with the cases involving the fathers and step/adoptive fathers being in different stages. The finding that 25% of the cases involving single abusive episodes entailed anal/genital penetration, however, suggests that a progression of abuse from fairly non-intrusive behaviors

to penetration does not occur in a sizeable proportion of cases, including cases perpetrated by family members. This suggests that a history of progression of abusive behaviors should not be an essential aspect of case validation.

Frequency of the Sexually Abusive Incidents

This study supports findings by Kinsey et al. (1953), and Conte and Berliner (1981) that abuse by family members more frequently involves multiple episodes than abuse by non-family members.

Duration of Sexually Abusive Relationships

The mean duration of time over which the abusive incidents allegedly occurred (1.8 years when single episodes were excluded) was consistent with findings reported by Kercher et al. (1980), but 6 to 18 months less than that reported by Meiselman (1978), Anderson and Shafer (1979), and Herman and Hirschman (1981). This difference is due to the inclusion of suspected case data, which involved a lower mean duration of abusive relationships than did established cases.

The finding that there were no significant differences in the duration of abusive relationships for boys and girls does not support Finkelhor's (1984) estimation that boys experience abuse for shorter periods of time. This

finding again could be related to reporting biases, with boys being less likely to report isolated incidents.

Source of the Initial Report

The findings in this study regarding the source of the initial report of the abuse differed significantly from findings presented by the National Center on Child Abuse and Neglect (1979b and 1980c), and Kercher et al., (1980). Previous findings have indicated that professional sources most frequently made the initial report. However, in this study, over 66% of reports were made by either the non-offending parent or by the victim. This may suggest either that the military community is more conducive to reporting by these sources or that professional sources are guilty of more underreporting than is evident in civilian communities. This suggests a need to continue efforts directed at encouraging and enabling the former groups to report and/or educating the latter group regarding detection of child sexual abuse cases and the legal requirements to report them. Further research is indicated to determine if underreporting by professionals is more frequent in the military community than in the civilian sector, and to determine reasons for the low rate of professional reporting.

The finding that boys were less likely to initiate reports than girls might suggest the need for efforts to

educate boys regarding the appropriateness of such disclosures.

Because non-offending parents were less likely to report cases in which victims were in the older age categories, stepped-up advocacy services for these children may be indicated to encourage increased reporting by individuals most frequently in contact with them, such as peers and school and recreation personnel.

A surprising finding was that non-offending parents (who were generally the victims' mothers) were responsible for approximately 30% of all referrals involving father and step/adoptive father perpetrators. This finding suggests that, contrary to assertions that mothers so frequently fail to protect their children, they were in fact responsible for bringing these allegations to public awareness. Additionally, it was surprising that the mothers would be responsible for so many of these reports involving their active duty husbands, since the cost of such disclosure could be high to the whole family (loss of active duty member's income, loss of medical and base housing privileges, and loss of military community supports). It could be that the non-offending parents did not perceive disclosure of the child sexual abuse as a risk to their families and livelihood. However, this likelihood is suspect in light of the frequency with which

serious infractions of military laws are dealt with through punitive action, and the publicity that such cases receive at the installation level. A possible explanation for these findings is that spouses of lower ranking individuals (who initiated reports more often than spouses of higher ranking individuals) are either less familiar with the potential for punitive action once disclosure of an offense such as sexual abuse is made, or (even if aware of this possibility) they may feel that they have little to lose if their spouse is discharged.

Further, the finding that professionals were less often the source of initial reports as the rank of the perpetrator increased, may indicate reporting biases in favor of higher ranking officers.

Professional Sources to Which Initial Reports Were Made

The findings related to the source to which the initial allegations were made differ from those reported by Drews (1980) or Finkelhor (1984); the former reported that the majority of allegations were made to social service departments (97.5%), while the latter found that the police were the primary recipients (75%). This study found that the recipients covered a broader spectrum, with less than half going to protective service workers (FAOs or civilian social service workers), and a comparatively small percentage being made to law enforcement or criminal

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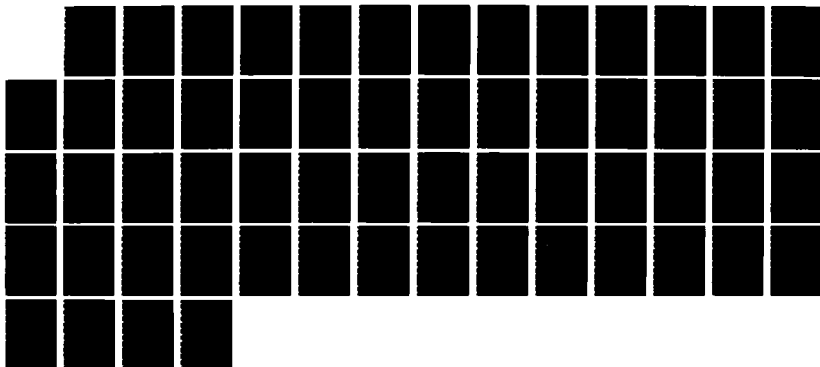
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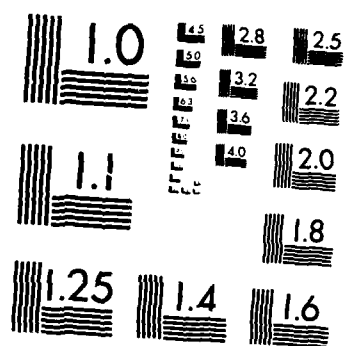
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investigations sources (12%). (The remaining reports were spread among a number of other sources at even lower rates.)

These findings reflect the dual systems (civilian protective services/civilian law enforcement and military family advocacy/law enforcement) which generally operate in and around the military community. The fact that reports are differentially made to these two systems emphasizes the necessity of close working relationships between them and the need for an established procedure for cross-sharing of information on reports of child sexual abuse.

Source of the Initial Interviews of the Victim,
Perpetrator, and Non-Offending Parents

The findings indicate that there are diverse procedures at Air Force installations regarding who will do initial interviews of the reported victim, perpetrator and non-offending parents involved in child sexual abuse cases. This again emphasizes the need for close working relationships among these agencies. Further, the fact that so many sources conducted these interviews and that the source of the initial interview significantly varied for suspected and established cases, points to the need for training of these sources regarding how the interviews should be conducted in order to help validate the

allegations when appropriate, and also to minimize further trauma to those involved.

Further, the finding that initial interviews of victims were conducted by joint sources in a relatively small percentage of cases (less than 13%) suggests that improved efforts may be indicated to help minimize the number of times the victim will be required to be interviewed regarding the allegations.

Sequence In Which Initial Interviews Were Conducted

Findings that alleged perpetrators were generally the last to be interviewed indicates that the case investigators followed warnings such as that offered by Sgroi et al., (1981) that once the perpetrators are aware that the abuse has been disclosed, efforts are frequently made by them to suppress finding that it actually occurred. The finding that the sequence in which the victim and perpetrator were interviewed did not significantly differ for suspected and established cases could summon questions as to the importance of guidance that the victim be interviewed prior to the perpetrator. However, it is important to note that when victims were interviewed after perpetrators, they were least likely to relate details of the incidents. Rather than negating the importance of the interview sequence, this could suggest that some portion of the established cases were

established in spite of the sequence of the interviews, due to the evidence that was available or because of the influence of some of the other indicators. The importance of interview sequence requires further empirical investigation.

Indicators of Abuse

Among the interesting findings related to the presence of indicators of abuse were that boys tended to less frequently relate details of the incidents. Again, this suggests a hesitancy on the part of boys to discuss these experiences and suggests the need for education and socialization of boys regarding the appropriateness of such disclosure.

The finding that a higher percentage of field grade officers than other active duty groups were determined by family court judges to have committed abuse (while no field graders were convicted in criminal court or by military court martial), suggests a differential approach to perpetrators according to their rank. This again suggests the possibility of differential case management according to perpetrator rank. Such a possibility was further emphasized by the absence of opinions from FAOs, Child Advocacy Committee and OSI personnel that these senior officers had sexually abused.

Lastly, the findings in this study regarding the

presence of physical indicators of abuse were consistent with those previously reported; relatively few (9.3%) of the cases involved presence of semen, anal-genital injuries, or photographs and less than 4% involved victim identification for sexually transmitted diseases. These data emphasize the need to rely on evidence other than physical evidence to substantiate child sexual abuse.

Focus Three: Differences Between Suspected and
Established Cases

The findings indicate that there are differences in suspected and established cases in selected case and installation related variables. The similarities and differences in suspected and established cases are discussed in the following sections.

Hypothesis 1: The rank of military perpetrators will be lower among established cases.

This hypothesis was not supported. The absence of a statistically significant relationship between rank and the establishment of cases indicates that rank is not a factor in labeling of abusers once they have been initially identified.

Hypothesis 2: There will be more activities involving anal/genital contact or penetration in the established category.

The findings indicate that there were more activities involving anal/genital contact or penetration in established cases. When these types of behaviors were alleged, cases were established approximately 73% of the time, while cases involving allegations of other forms of sexual abuse were established in only 35% to 56% of cases.

As indicated in the data collected from FAOs regarding the behaviors considered sexually abusive at the installations, behaviors involving anal/genital contact and anal/genital penetration were overwhelmingly considered to be forms of child sexual abuse. The finding that reports involving these forms of behavior were more likely to be established is consistent with Gove's (1980) assertion that the tolerance level of a community for given acts affects the labeling of deviancy: the less a community tolerates a given act, the more likely an individual committing it will be labeled. This finding is also consistent with Finkelhor (1984), who reported that the presence of intercourse or "sexual touching" in vignettes contributed to higher assessments of sexual abuse situations as abusive.

The concomitant finding that other types of abusive behaviors (those involving non-contact, non-anal/genital contact and "other" behaviors such as involvement in pornographic media) were less likely to be established,

suggests that these behaviors may either be more difficult to substantiate or possibly that there is less investment in substantiating them. Further research is indicated to determine if there are differential approaches to investigation of reports involving different forms of sexual abusive behavior.

Hypothesis 3: There will be more professionals listed as the source of initial reports of sexual abuse among the cases in the "established" category of child sexual abuse.

The data support the finding that there were differences between established and suspected cases related to the source of the initial report. However, professionals who initiated the reports were not, in general, more frequently associated with established than suspected cases: referrals from professionals accounted for 16.4% (n=24) of the suspected cases and 14.3% (n=28) of the established cases. Several categories of professional sources of reports were associated with surprisingly low rates of case substantiations: only 33.3% of reports from military or civilian police, 16.7% of reports from medical personnel, and 43.8% of child care/youth center/school reports were established. (These rates were surprising since in 1982, Jason, Anderreck, and Marks reported that clinical and law enforcement-initiated child sexual abuse reports were substantiated

approximately 74% of the time.) Although the "other professional" group (which included child protective service workers, mental health personnel, and chaplains/clergy) had 85.7% of their reports established, they accounted for only 9.2% (n=18) of the total 192 established cases for which these data were available.

As indicated previously, the data on reporting sources differ from previous findings that professionals were the primary source of child abuse reports (National Center on Child Abuse and Neglect, 1980c). The finding that non-professionals were the major source of reports and the fact that the substantiation rate of cases reported by most groups of professional sources was lower than that of cases reported by victims, perpetrators, non-offending parents, or other family/neighbors, conflicts with Gove's (1980) assertion that social distance between the individual and the labeler increases one's chance of being labeled. Possible explanations for the low rate of reporting among professional groups include: lack of skills in detecting child sexual abuse cases, lack of knowledge regarding reporting procedures, concerns that identification of victims and/or perpetrators to Family Advocacy Programs will do more harm than good, and unwillingness to get involved in these cases.

Further, the finding that sources involved in or close

to those involved in the sexual abuse were the most likely source of the initial report, indicates that further investigation is necessary regarding the differences between the military and civilian populations regarding this trend. Gabarino (1978) had reported a systematic variation in sources of child abuse reporting, with lower income families most frequently reported by sources such as agencies/institutions, and higher income families most frequently reported by neighbors/relatives. The possibility that military families differ from civilian families in terms of income or interaction with medical and/or institutional systems requires further exploration.

The cause of the low substantiation rate of reports by some professional groups also warrants further investigation. If this is due to procedures followed by these sources upon initial suspicion or detection of the abuse, education of these groups is necessary to ensure cases can be appropriately validated.

Lastly, the finding that slightly over 36% of reports initiated by victims and 31.9% of reports in which the victims reported details of the abuse were not established, may suggest that the children were not believed or taken seriously in a fairly large number of cases. Such positions are contradictory to Goodwin et al.'s (1980) and Cantwell's (1981) findings that children

almost never fabricate sexual assault complaints. These findings suggest the possibility that false reports by victims are on the increase; that the military system is conducive to reporting of child sexual abuse, regardless of the validity of the allegations; or that the military fails to substantiate a large portion of valid reports. Assuming there is no reason to believe that victims in this study would be any less likely to suffer the traumatic consequences of disclosure when allegations are made to military systems (than would victims not associated with the Air Force), these findings suggest that there are other factors influencing the inability to validate these cases. These factors warrant further investigation.

Hypothesis 4: There will be more evidence that abuse occurred among cases of child sexual abuse in the established cases.

This hypothesis was supported. Established cases had an average of 4.6 indicators, while suspected cases had only 1.1. This finding is not surprising, since indicators are expected to be associated with each other. Indicators related to professionals giving opinions that abuse occurred are associated with the likelihood of other professionals giving similar opinions and with family court, criminal court, or a court martial ruling that

abuse occurred. Additionally, if an indicator (such as a perpetrator confession) is present, the chance of a court conviction and professional opinions that abuse occurred increases. Further statistical analysis is indicated to determine the relative importance of the indicators in explaining variability between established and suspected cases.

The analysis conducted in this study suggest that the presence of several of the indicators are not associated with a case being established:

1. Interviews with children using art or play techniques which suggested abuse occurred: This finding suggests that limited credibility is awarded to positive findings resulting from such interviews. This finding could be biased by other factors related to the children who were most likely to be interviewed using these techniques (for example, if such techniques were used primarily with the younger children). However, if accurate, it suggests a need for efforts to demonstrate the effectiveness of such techniques in distinguishing between valid and invalid cases.

2. Presence of physical evidence: This finding also suggests that the credibility of physical evidence of sexual abuse is limited. It is surprising in light of the medical approach to child sexual abuse over the last two

decades. The finding may be influenced by the number of cases in which a young child had genital injuries which were indicative of abuse; in the absence of an identified perpetrator, the Child Advocacy committee may have been hesitant to substantiate these cases. This would in turn suggest that Family Advocacy Program services were not offered in these cases.

3. Victim pregnancy, allegedly caused by sexual abuse: Since this occurred in only two cases (both of which were classified as suspected) inferences which can be drawn from this finding are limited. It appears that the Child Advocacy Committees determined that the pregnancies were a result of voluntary sexual relationships which did not fit the definition of sexual abuse.

4. Presence of a sexually transmitted disease: The number of cases in which this occurred was also low ($n=12$). However, it was surprising that less than 42% of cases in which it occurred were substantiated. This suggests that the Child Advocacy Committee either associated the diseases with non-abusive sexual activity on the child's part, or that the committee was hesitant to establish a case on medical evidence alone. Because most of the children with sexually transmitted diseases were under age 12, it is doubtful that the activity resulting

in the diseases could have been non-abusive. This finding could again suggest that services are not provided in cases involving victims, when the perpetrator is not identified.

For all other indicators (victim, perpetrator, or eyewitness relating details of the abuse; an interview with anatomically correct dolls suggesting abuse; opinions from law enforcement, OSI, Child Advocacy Committee, civilian social service personnel, and FAOs that abuse occurred; and, rulings by criminal or family court or court martial that abuse occurred), the presence of the indicators, not surprisingly, was associated with cases being established at least 68% of the time. Among these indicators, the ones which were least often associated with case substantiation were: child relating details of abuse (68% of cases in which this occurred were substantiated), interview with anatomically correct doll which suggested abuse occurred (74%), and an eyewitness giving an account of the incident(s) (76%). These findings show that even in the presence of these indicators, almost 25% of the cases are not established, indicating the credibility of the victim, eyewitness and interviewer were discounted in a fair portion of cases.

The findings related to the high association between professionals rendering opinions that abuse occurred and

case substantiation suggest the importance of using an interdisciplinary committee (which includes these professional sources) in the review and status determination of child sexual abuse reports. Further, because opinions from these professionals do appear to have a bearing on the validation of reports, the need for these individuals to have skills and training in the assessment of validity of reports is emphasized. Without such expertise, uneducated opinions could do serious harm to innocent parties.

Research Question 1: Are there any differences in the other case characteristics between the two categories?

As indicated in the "Case Characteristic Differences in Suspected and Established Cases" section of Chapter 5, there were several case characteristics for which differences were evident in suspected and established cases. Those characteristics for which there were statistically significant differences (not otherwise discussed above) are briefly summarized in the following section.

Victims for whom reports of child sexual abuse were established were approximately one year older than the children involved in suspected reports. However, because variations were identified in the ages of victims according to other case characteristics which were also

associated with differential substantiation of cases (the relationship of perpetrator to victim, types of abusive behaviors experienced, frequency of abusive incidents, duration of abusive relationship, reporting source, receiver of initial report, and source of interviews), the conclusion that the older children are at higher risk of sexual abuse cannot be made. Rather, the interaction of these combination of variables warrants further study.

The finding that perpetrators of established cases tended to be older than the alleged perpetrators of suspected cases may reflect differential handling of abuse perpetrated by young offenders, especially those under age 18, and hesitancy on the part of Child Advocacy Committee personnel to label these perpetrators.

The findings related to differences between established and suspected cases regarding the perpetrator/victim relationship suggests that there may be labeling biases in favor of mothers, female relatives, and peers. These groups (along with the stranger category) were the least likely to have allegations involving them substantiated. (The alleged perpetrators who were strangers to their victims may have had low substantiation rates due to difficulty in investigating these cases because of the frequent lack of identification of the alleged perpetrator.) Labeling biases such as those

suggested may be a reflection of the failure to associate females and peers with the ability to sexually abuse.

The difference in the number of abusive incidents and the duration of abusive relationships associated with suspected and established cases suggests that the more frequently or the longer duration over which the behavior occurs, the greater the chance of it being detected or self-reported. This suggests that efforts to promote earlier detection need to be enhanced to help interrupt the on-going nature of many of these cases.

The findings that the source to which reports were initially made, the sources of initial interviews of victims and their parents, and the sequence of interviews differ for suspected and established cases, suggest that further investigation is needed regarding the way in which sources with low substantiation rates handled the report. The possibility that initial management of the case affected the ultimate validation needs to be considered. If evidence suggests that the initial management negatively affects the case, training in appropriate case management would be indicated. Also, such a finding could indicate the need for community identification of sources to which reports should be made, and of individuals who would be responsible for initial management of interviews in these cases.

Chapter Summary

This chapter has presented a discussion of the findings reported in Chapter 5. Specific research questions and hypotheses were addressed. The following chapter will serve as a summary of the research, the limitations of the study, and recommendations derived from the findings.

Chapter 7

Summary, Limitations and Recommendations

The following chapter will summarize this research effort and concludes with a discussion of limitations of the study, recommendations for both means of enhancing the Family Advocacy Program services in child sexual abuse cases and for topics for future study, and implications for social work.

Summary

The study served to determine the nature of definitions of child sexual abuse used at Air Force installations, characteristics of child sexual abuse cases reported in 1985, and differences in cases labeled established and suspected. This was accomplished through analysis of data obtained from surveys mailed to all 121 Air Force FAOs. Data were collected from approximately half of all Air Force installations, on a total of 376 reports of child sexual abuse managed by Air Force Family Advocacy Programs.

The data revealed that Air Force installations are lacking uniform guidelines by which to define child sexual abuse. Yet, even without such guidelines, installation

Family Advocacy Programs are essentially in agreement regarding the behaviors considered to be sexually abusive, and the ages of children considered victims of child sexual abuse. The installations varied regarding requirements for caretaker relationships between perpetrator and victim, for the perpetrator to be active duty or the spouse of an active duty member, and for the abusive act to involve physical contact, in order for a report to be considered an appropriate child sexual abuse case for the Family Advocacy Program.

The characteristics of child sexual abuse cases reported to the Family Advocacy Programs were essentially similar to those most frequently reported in the literature. Girls tended to be abused more frequently than boys, and fathers and step-fathers were the most frequent perpetrators. The types of behaviors involved covered a broad spectrum. Abusive incidents occurred more frequently when the perpetrator was a family member of the victim than when he or she was unrelated to the victim. When the abuse involved more than a one time incident, the abusive relationship often lasted close to two years.

A deviation from findings in previous research was that victims in this study tended to be younger, with the abuse occurring prior to age five for approximately 35% of the victims. Also, unlike previous findings, the major

sources for these reports were non-professionals.

Analyses of suspected and established cases revealed the following: the rank of active duty perpetrators had little bearing on the substantiation of reports; cases involving anal/genital contact or penetration were more likely to be established than those involving other activities; professional sources of reports tended to have their allegations substantiated less frequently than non-professionals; established cases generally involved a higher number of abusive incidents or longer duration of the abusive relationship; and the interview of victims and opinions of those involved in cases were important to the case substantiation process.

Limitations of the Study

Limitations of this research include the following:

1. Data were gathered from single sources at the installations and are therefore subject to respondent error in answering the survey questions.
2. The study was limited to Air Force Family Advocacy Programs and may have questionable generalizability to other military services or civilian populations. However, because previous studies have demonstrated that characteristics of child sexual abuse cases tend to be similar for military and civilian populations, trends in case characteristics would be expected to be similar to

those reported to civilian child protective service systems in 1985.

3. The study fails to identify how "established" and "suspected" cases are defined at individual installations and the process by which the determination of cases is made. This introduces a potential bias in findings in that similar cases identified at different installations could be determined to be established at one, suspected at the other.

4. The category of suspected cases does not distinguish between cases which were "unfounded" (deemed to be false allegations) and those in which suspicion remained, although evidence was insufficient to establish them. This also potentially biases analyses of differences in suspected and established cases, since "suspected, suspicion remained" cases could well involve actual abuse. Because apparently valid reports could not be distinguished from reports which were ruled invalid, case characteristics associated with risk of actually being abused (or abusing) could not be differentiated from characteristics associated with risk of being reported (as recommended by Jason, Andereck, and Marks, 1982). This restricts conclusions pertaining to case characteristics to assertions related to differential labeling of reports. Conclusions cannot be made regarding degree of risk or

differential risk associated with specific characteristics.

5. The study does not address the relationship between the substantiation of reports and the provision of services to victims, perpetrators, and their families. It is assumed that case substantiation serves a gatekeeping function in admitting clients to services. However, if this assumption is faulty, the importance or significance of labeling a case as established is questionable.

6. Although this research attempts to study child sexual abuse within the Air Force community, it does not allow for cases involving Air Force personnel or their families which were reported to civilian sources and which never come to the attention of the Family Advocacy Program or military officials. If there are large numbers of cases in which this occurs, the absence of these data could bias the generalizability of the study to all known Air Force child sexual abuse cases.

7. The study involves a look at the impact of selected variables on the substantiation of cases. Yet, it does not address, in depth, the interaction of the selected characteristics in the substantiation process, nor does it address most of the environmental factors which could affect case substantiation. The study does serve as a beginning point from which further research in

these areas could be launched.

8. Small cell sizes were present in some of the statistical analyses (for example, there were only five field grade officers identified as perpetrators). This could jeopardize the validity of the analyses in which the small cell sizes occurred. Further studies involving larger groups would be necessary to support this study's findings.

Recommendations

The following are recommendations derived from the research findings:

1. A specific definition of child sexual abuse should be included in the Air Force Family Advocacy Program regulation, so that installations will have consistent guidelines on which to base acceptance of child sexual abuse reports to Family Advocacy Programs. The definition should address the acts which are considered forms of sexual abuse, specifically indicating that non-contact, non-anal/genital contact, and other non-intercourse activities are included in the definition.

2. The Air Force Family Advocacy Program regulation should be amended to involve a broader definition of perpetrator. This definition should acknowledge that abuse can be and is perpetrated by individuals who are not active duty or spouses of active duty, who are under age

18, and who are involved in non-caretaker relationships with victims.

3. The Air Force Family Advocacy Program regulation should be amended to include more specific case classifications: established; "suspected, insufficient evidence to establish"; and unfounded. These terms should be specifically defined. This clarification would aid future research efforts to distinguish among false reports, those for which there is suspicion but insufficient evidence to substantiate a case, and those for which there was sufficient evidence to determine that the allegations were true.

4. The broad spectrum of relationships of perpetrators and victims emphasizes the need for Family Advocacy Programs to provide services to those involved in and affected by extra, as well as intrafamilial, sexual abuse.

5. Because the interviewer's ability to obtain a description of the abusive incidents from the victims is important to the substantiation process, training in interview techniques with child sexual abuse victims should be provided to individuals responsible for these interviews. Further, to help ensure that victims are interviewed by professionals trained to do the interview, installation communities should consider designating an

individual(s) to perform them.

6. The low rate of reporting of child sexual abuse among professionals should be addressed. Although further research is indicated to determine the reasons for this low rate, efforts to educate professionals in reporting procedures and legal requirements to report appear warranted.

7. Preventative and educational efforts in the area of child sexual abuse should incorporate findings that children are typically abused starting at approximately age five to seven, and that perpetrators cover a broad spectrum of individuals including family, friends, neighbors, and babysitters. Efforts directed at children should begin around age 2 to include children before abuse has generally begun. Both children and parents should be made aware that anyone can be a perpetrator and should be reported to someone regardless of their relationship to the victim.

8. A study should be conducted of the ability of FAOs to perform their duties within the amount of time allotted to most of them. Since most FAOs performed Family Advocacy Program duties for less than 10 hours per week, further investigation is needed to determine if this is sufficient to meet installation Family Advocacy Program needs.

Recommendations for Future Research

Numerous areas for future research are suggested by the findings of this study. Among these are:

1. Verification of findings of this research effort.

This study undertook analysis of child sexual abuse reports to Air Force Family Advocacy Programs on a scale not previously accomplished. Findings of the study warrant verification for the recommendations to be further supported. In particular, findings which deviated from previous research require attention. These include the higher incidences of sexual abuse of boys, the younger ages of victims, the presence of a substantial number of one time abusive episodes (perpetrated by someone known to the child which involved anal/genital contact or penetration), the higher rates of initial reports by non-professionals, and the lower rates of initial reports by professional sources.

2. The relationship between the number of hours an FAO spends in Family Advocacy Program duties and the number of reports received. This study revealed an association between hours spent in program duties and number of reports. The study did not address causality of this relationship, however. Future research efforts in this area could help to determine if availability of services and the types of services provided result in

increased detection of child sexual abuse.

3. The relationship between environmental variables and the detection and substantiation of child sexual abuse. Research is needed to determine if variables such as involvement of Child Advocacy Committee members in child sexual abuse issues, availability of educational/preventative efforts, installation interaction with community civilian social services and legal jurisdiction on military installations, impact on detection, and case substantiation. Further, the effect on case identification and validation associated with the interaction between environmental variables and variables of interest in this study, needs to be addressed.

4. The relationship between substantiation of child sexual abuse reports and provision of services. Research is needed to validate assumptions that provision of services to those perpetrating, victimized by, or otherwise affected by child sexual abuse follows the substantiation that abuse occurred.

5. The relationship between provision of services and termination of the sexual abuse and restoration of a healthy state for those experiencing abuse. The importance of validating child sexual abuse reports is negated if the primary goals of the Family Advocacy Program (promoting healthy family life and restoring

healthy states for those experiencing abuse/neglect) are not attained. Research is therefore indicated to substantiate the effectiveness of the program in meeting these goals.

6. Determination as to whether various forms of child sexual abuse (the behaviors involved) are differentially managed. Research in this area could help identify if victims of various forms of abuse are provided different levels of service, and if cases of less intrusive forms of abuse are approached less aggressively than other cases.

7. The effect of initial management of child sexual abuse reports on case substantiation. Research on this topic could help address the need for knowledge, training, and expertise in initial management of these cases.

8. Comparability of child sexual abuse cases identified within Air Force communities to those identified in civilian sectors in 1985. This study has assumed that trends in the Air Force's 1985 cases of child sexual abuse are reflective of trends in cases of child sexual abuse in general. This assumption needs to be tested, since differences could suggest influences on the Air Force cases which are unique to the military, and which therefore require special consideration. Future studies comparing Air Force and civilian child sexual abuse cases should address incidence rates of child sexual

abuse reporting for that period of study.

9. Influences on or causes of findings that trends in initial reporting sources differed from those previously reported. Specifically, research is indicated to determine why the Air Force cases reflect high rates of reporting among non-professionals and low rates among professional sources. Findings in this area could suggest ways to enhance non-professional source reporting in other communities. Further, they could determine possible hindrances to reporting among professionals so that these hindrances could be addressed.

10. Determination as to whether rank of child sexual abuse perpetrators is associated with differential identification initially, and differential management after identification. Biases in the identification and management of perpetrators suggest biases in the availability and possibly in the quality of services provided to their victims. Research in this area is needed so that such inequalities can be addressed.

11. Determination of the extent to which child sexual abuse cases known to civilian authorities are also known to and managed by Family Advocacy Program personnel. This study has attempted to reflect the nature of reported child sexual abuse in the Air Force community. Yet, if there are biases in the number of cases involving Air

Force families made known to installation personnel (because they are initially reported to civilian sources who for various reasons elect not to make them known to the Family Advocacy Programs), the possibility exists that there are biases in the characteristics of individuals involved in cases which are variously known to civilian and military personnel.

Implications for Social Work

Because social workers serve a primary role in providing child protective services to victims of child sexual abuse and their families, the implications of this study are important to the social work profession. Among the key points important for social workers are the need for recognition of: the discrepancies which exist in programs which address child abuse related to definitions of child sexual abuse and the effect these have on access to services; the very real threat of sexual abuse by non-caretakers and the associated need for services in these cases; the potential bearing that one's opinion has on case validations and the need to be trained to make valid, reliable assessments; the need to empirically validate the effectiveness of various interview techniques in distinguishing between valid and invalid reports; and the need for close working relationships with a network of other professionals likely to be working in this area.

Additionally, several of the findings related to the sexual abuse cases suggest knowledge which is important for practice in this area: the ages of the victims suggest the need for prevention efforts early in a child's life; the extent to which isolated incidents of abuse involved anal/genital penetration suggest that a history of progression of abusive behaviors should not be an essential aspect of case validation (even among family members); the tendency for the victim to be less likely to relate details of abuse if interviewed after the perpetrator, suggests he or she should be the first to be interviewed when feasible; and the extent to which victim reports of the abusive incidents were discredited emphasizes the need for expertise in conducting interviews (to help assess validity of the account and to ensure that there will not be allegations of leading the victims in his/her report).

Work in the area of child sexual abuse is still in an infancy stage. A knowledge base needs to continue to be developed, with research designed to build on, and validate, earlier efforts. This study has attempted to do this by building on the knowledge available about child sexual abuse victims and perpetrators, and identifying some of the factors which result in differential assessments of allegations of child sexual abuse.

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References

Appendix A

Family Advocacy Program and Child Sexual Abuse
Information for Individual Bases Questionnaire

FAMILY ADVOCACY PROGRAM AND CHILD SEXUAL ABUSE CASE
INFORMATION FOR INDIVIDUAL BASES

I. The following section requests information on you as a survey respondent.

1. In what capacity do you work with the Family Advocacy Program?
☐ Family Advocacy Officer ☐ technician ☐ other (specify) _____
2. Are you: ☐ active duty ☐ civilian
3. What is your professional discipline?
☐ social worker ☐ mental health technician
☐ nurse ☐ psychologist
☐ physician ☐ other (please specify) _____
4. How long have you worked with the military family advocacy program?
☐ years ☐ months
5. How long have you worked with the Family Advocacy Program at your current base? ☐ years ☐ months
6. Approximately how many hours per week do you spend on Family Advocacy Program duties which are related to child abuse and neglect? ☐ _____
7. Approximately how many hours per week do you spend in direct contact with perpetrators, victims or families of perpetrators and victims involved in child abuse and neglect? (Note this question pertains to all forms of child abuse and neglect.) ☐ _____

II. The following section addresses the definition of child sexual abuse which is utilized in your base's Family Advocacy Program in determining whether a report is an appropriate child sexual abuse referral for the Family Advocacy Program.

8. What is the source of the definition of child sexual abuse used at your base?
☐ military regulation ☐ no specific definition available
☐ base regulation ☐ other (please specify) _____
☐ state statute
9. Child sexual abuse has been defined in various ways in state statutes and by experts specializing in child sexual abuse research. Please indicate whether the following statements are incorporated (in actual practice) in your base's Family Advocacy Program to determine if a report will be considered possible child sexual abuse. (Check any statement which is applicable at your base.)
☐ the victim must be a military dependent
☐ the victims must be age 18 or less or be incapable of self support because of a mental or physical incapacity for which treatment is authorized in a medical facility of the military services
☐ the victim must be female
☐ the perpetrator must be a military member on active duty
☐ the perpetrator must be a spouse of a military member, if not active duty
☐ the perpetrator must be age 18 or over
☐ the perpetrator must be at least five years older than the victim
☐ the perpetrator must be in a caretaker relationship with the victim (for example, a parent, step-parent, or babysitter)
☐ the perpetrator must be male
☐ the alleged sexually abusive behavior must involve some form of physical contact
☐ the alleged abusive act must involve intercourse
☐ the alleged abusive act must involve some form of force
☐ the alleged abusive act must involve the use of the child for the sexual stimulation of the perpetrator or another person
☐ other limiting qualification (please specify) _____

10. At your base, at what age would a child no longer be considered a victim of child sexual abuse? _____ years
 11. In the community in which your base is located, at what age would a child no longer be considered a victim of child sexual abuse? _____ years
 12. Which of the following behaviors would be considered forms of child sexual abuse at your base? (Please check all applicable behaviors.)
 - ☐ sexually suggestive statement
 - ☐ verbal request by perpetrator to participate in sexual activity (not acted upon)
 - ☐ perpetrator nudity around child
 - ☐ perpetrator disrobing in front of child
 - ☐ perpetrator exposure of genitals to child
 - ☐ observation of child in some state of undress
 - ☐ making child observe sexual activity by others
 - ☐ involvement of child in reviewing pornographic material
 - ☐ making child participate in sexual activity with others
 - ☐ involvement of child as an "actor" in pornographic material
 - ☐ intimate kissing
 - ☐ fondling of child by perpetrator
 - ☐ fondling of perpetrator by child
 - ☐ masturbation of child by perpetrator
 - ☐ masturbation of perpetrator by child
 - ☐ fellatio (perpetrator fellating child)
 - ☐ fellatio (child fellating perpetrator)
 - ☐ cunnilingus (perpetrator having oral contact with child's vagina)
 - ☐ cunnilingus (child having oral contact with perpetrator's vagina)
 - ☐ "dry intercourse" (rubbing of penis against child's genital-rectal area or inner thighs)
 - ☐ "dry intercourse" (rubbing of penis against perpetrator's genital-rectal area or inner thighs)
 - ☐ anal penetration of child with finger or inanimate object
 - ☐ anal penetration of perpetrator with finger or inanimate object
 - ☐ penile penetration of child's anal or rectal opening
 - ☐ penile penetration of perpetrator's anal or rectal opening
 - ☐ penetration of child's vagina with finger or inanimate object
 - ☐ penetration of perpetrator's vagina with finger or inanimate object
 - ☐ penile penetration of child's vagina
 - ☐ penile penetration of perpetrator's vagina
 - ☐ other (please specify) _____
- III. The following section addresses the child abuse cases reported to your base Family Advocacy Program January 1985 through December 1985.
13. How many cases of child abuse or neglect were reported to your base's Family Advocacy Program in calendar year 1985? (Include all forms of child abuse and neglect.) _____
 14. How many cases of child sexual abuse were reported to your Family Advocacy Program? (This number should reflect the total number of victims reported; cases involving two or more victims should be considered two or more cases.) _____ cases
 15. Of these child sexual abuse cases, how many were determined to be:

_____ suspected	_____ established	_____ determination is
(but not substantiated)		pending

16. For each victim of child sexual abuse reported in calendar year 1985, please complete one form designated "Child Sexual Abuse Case Characteristics". (Note that this is a two sided form.) A form should be completed for all reports of child sexual abuse received, including those whose determination is pending, or which were determined to be unfounded. Please return any extra forms with those which are completed.

Appendix B

Child Sexual Abuse Case
Characteristics Questionnaire

CHILD SEXUAL ABUSE CASE CHARACTERISTICS

- a. Victim's age at time of the report: ___ years ___ months
- b. Victim's gender: ___ male ___ female
- c. Victim's age at time that the sexual abuse was initiated:
___ years ___ months ___ unknown
- d. Victim's race/ethnic group:
___ white, not of Hispanic origin ___ Asian/Pacific Islander
___ black, not of Hispanic origin ___ American Indian/Alaskan Native
___ Hispanic ___ unknown
- e. Alleged perpetrator's age at time of the report: ___ years ___ unknown
- f. Alleged perpetrator's gender: ___ male ___ female
- g. Alleged perpetrator's military status: ___ unknown
___ civilian, not a military dependent ___ civilian, military dependent
___ active duty ___ reservist, active
___ reservist, inactive ___ retired
- h. Alleged perpetrator's rank, if active duty (E1-E9, WO1-WO4, O1-O10): ___
- i. Alleged perpetrator's branch of service (if active duty):
___ Air Force ___ Army ___ Coast Guard ___ Marines ___ Navy
- j. Alleged perpetrator's AFSC, if active duty: _____
- k. Alleged perpetrator's relationship to victim:
___ mother ___ sister ___ babysitter ___ stranger
___ adoptive mother ___ step-sister ___ adult neighbor ___ other
___ step-mother ___ brother ___ adult friend (specify)
___ father ___ step-brother ___ peer
___ adoptive father ___ other female relative
___ step-father ___ other male relative
- l. Alleged perpetrator's marital status:
___ single ___ married ___ divorced ___ widowed
- m. Alleged perpetrator's race/ethnic group:
___ white, not of Hispanic origin ___ Asian/Pacific Islander
___ black, not of Hispanic origin ___ American Indian/Alaskan Native
___ Hispanic ___ unknown
- n. Type of sexual activity alleged: (Check all activities alleged to have occurred.)
___ sexually suggestive statement
___ verbal request by perpetrator to participate in sexual activity (not acted upon)
___ perpetrator nudity around child
___ perpetrator disrobing in front of child
___ perpetrator exposure of genitals to child
___ observation of child in some state of undress
___ making child observe sexual activity by others
___ making child participate in sexual activity with others
___ involvement of child in reviewing pornographic material
___ involvement of child as an "actor" in pornographic material
___ intimate kissing
___ fondling of child by perpetrator
___ fondling of perpetrator by child
___ masturbation of child by perpetrator
___ masturbation of perpetrator by child
___ fellatio (perpetrator fellating child)
___ fellatio (child fellating perpetrator)
___ cunnilingus (perpetrator having oral contact with child's vagina)
___ cunnilingus (child having oral contact with perpetrator's vagina)
___ "dry intercourse" (rubbing of penis against child's genital-rectal area or inner thighs)
___ "dry intercourse" (rubbing of penis against perpetrator's genital-rectal area or inner thighs)

- ☐ anal penetration of child with finger or inanimate object
- ☐ anal penetration of perpetrator with finger or inanimate object
- ☐ penile penetration of child's anal or rectal opening
- ☐ penile penetration of perpetrator's anal or rectal opening
- ☐ penetration of child's vagina with finger or inanimate object
- ☐ penetration of perpetrator's vagina with finger or inanimate object
- ☐ penile penetration of child's vagina
- ☐ penile penetration of perpetrator's vagina
- ☐ other (please specify) _____

- o. Approximately how many times did the alleged abuse occur? _____
- p. Over approximately what period of time did the abusive relationship occur (if more than a one time occurrence)? _____ years _____ months
- q. Who made the initial report of abuse to the agency or office which first became aware of the allegations?
- | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> victim | <input type="checkbox"/> military child care or recreation center personnel |
| <input type="checkbox"/> perpetrator | <input type="checkbox"/> civilian child care or recreation center personnel |
| <input type="checkbox"/> victim's parent (if other than perpetrator) | <input type="checkbox"/> school personnel |
| <input type="checkbox"/> other member of victim's family | <input type="checkbox"/> command personnel |
| <input type="checkbox"/> other member of perpetrator's family | <input type="checkbox"/> chaplain |
| <input type="checkbox"/> neighbor | <input type="checkbox"/> civilian clergy |
| <input type="checkbox"/> friend of victim | <input type="checkbox"/> social service personnel |
| <input type="checkbox"/> security police personnel | <input type="checkbox"/> anonymous source |
| <input type="checkbox"/> civilian law enforcement personnel | <input type="checkbox"/> unknown |
| <input type="checkbox"/> military medical personnel | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> civilian medical personnel | |

Questions r-u refer to individuals who may have received the initial report of child sexual abuse or conducted interviews with those involved in or affected by child sexual abuse. In answering questions r-u, use the number which corresponds to the appropriate professional listed below. If an answer involves more than one professional, please indicate all involved.

- | | |
|-----------------------------------|---------------------------------------------------------------------------------------|
| 1. Family Advocacy Officer | 12. military chaplain |
| 2. civilian social service worker | 13. medical personnel on base |
| 3. school teacher | 14. medical personnel off base |
| 4. school nurse or counselor | 15. individual designated to do interviews in sexual abuse cases (if other than 1-14) |
| 5. other school personnel | 16. other (specify) _____ |
| 6. military mental health worker | 17. unknown |
| 7. civilian mental health worker | |
| 8. security police | |
| 9. civilian police | |
| 10. OSI | |
| 11. civilian clergy | |
- r. To whom was report initially made? _____
- s. Who conducted the initial interview of the victim? _____
- t. Who conducted the initial interview of the perpetrator? _____
- u. Who conducted the initial interview of the parent(s) of the victim? (This question does not pertain to parents who were also the alleged perpetrators.) _____
- v. In what sequence were the victim, alleged perpetrator and non-abusing parent(s) of the victim interviewed? (Please indicate 1st, 2nd, 3rd)
 victim _____ alleged perpetrator _____ non-abusing parent(s) _____
- w. Which of the following was present in this case? (Check all applicable statements.)
- ☐ the child related details of the alleged incident(s)
 - ☐ an interview with the child using anatomically correct dolls suggested abuse occurred
 - ☐ an interview with the child using art or play techniques suggested that abuse occurred
 - ☐ the alleged perpetrator admitted to sexually abusing the child
 - ☐ there was an eyewitness to the abuse who gave an accounting of the abuse
 - ☐ there was physical evidence of abuse
 - ☐ presence of semen _____ anal/genital injuries _____ photographs _____ other _____

- ☐ the child was pregnant, reportedly because of the sexual abuse
- ☐ the child contracted a venereal disease, reportedly because of the abuse
- ☐ a civilian law enforcement worker rendered the opinion that sexual abuse occurred
- ☐ a civilian protective service worker rendered the opinion that sexual abuse occurred
- ☐ the OSI investigation indicated that sexual abuse occurred
- ☐ the Family Advocacy Officer rendered the opinion that sexual abuse occurred
- ☐ Child Advocacy Committee personnel rendered the opinion that sexual abuse occurred
- ☐ a family court judge determined sexual abuse had occurred
- ☐ the perpetrator was found guilty of child sexual abuse in civilian court
- ☐ the perpetrator was convicted by a court martial for a child sexual abuse offense

- x. What was the determination made by the Child Advocacy Committee regarding the status of this case?
- ☐ suspected ☐ established ☐ determination is pending
(but not substantiated)

Appendix C

Human Subjects Review Committee's
Letter of Approval



The Florida State University
Tallahassee, Florida 32306

*Office of the Dean
Graduate Studies and Research*

February 28, 1986

Alice A. Tarpley
3184 Huntington Woods
Tallahassee FL 32303

Re: Use of Human Subjects in Research (Modification)

Dear Ms. Tarpley:

I have received your letter of February 19, 1986 informing me of the major modification to your research entitled "Definitions and Case Characteristics of Child Sexual Abuse Among the US Air Force, Army and Navy." Your revised title and the elimination of the Army and Navy in your study have been taken into consideration and this letter is to confirm approval of your research.

I am returning your attachments for your file since we have copies in our file.

Sincerely,

Nancy Keyford Patricia Draper

Patricia A. Draper
Associate Dean

PAD/nk

Attachments

Appendix D

Letter from Family Advocacy

Program Manager



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
BOLLING AFB DC 20332-6188

20 FEB 1986

REPLY TO AFOMV SGPS
ATTN OF BROOKSAFB TEXAS 78235-5000

SUBJECT Survey on Child Sexual Abuse Definitions and Case Characteristics

TO:

1. We have begun to identify trends in characteristics of the established cases of child sexual abuse, yet there is still much that we do not know about the characteristics of these reports as a whole, nor about the differences in cases which are ultimately determined to be "unfounded" rather than "established".

2. Information collected from the completed surveys will contribute to our knowledge of the amount of time Family Advocacy Officers have to perform Family Advocacy Program duties, the definitions which the individual installations use to define child sexual abuse and the characteristics of the child sexual abuse cases which are reported to our Family Advocacy Programs. This information will be valuable in suggesting factors which contribute to whether child sexual abuse reports are ultimately substantiated as "true" reports. As we begin to better understand these factors, we hope to identify ways in which our services to child sexual abuse victims, perpetrators and families of victims and perpetrators can be further enhanced.

3. Information from each installation's Family Advocacy Program is essential to enable accurate findings in the study. Although participation in this survey is voluntary, I strongly urge you to find time in your busy schedule to provide the information requested. Thank you for your support.

Henry F. Vader
HENRY F. VADER, Maj, USAF, BSC
Family Advocacy Program Manager
Office of the Surgeon General

Appendix E

Letter of Instruction
for Survey Respondents



The Florida State University
Tallahassee, Florida 32306

School of Social Work

20 February 1986

Dear Colleague,

Your assistance is requested in participating in research on the definitions used and case characteristics of child sexual abuse within the Air Force community.

As a social worker with an AFIT assignment at the Florida State University School of Social Work, specializing in child sexual abuse, I am attempting to study how Air Force installations define child sexual abuse and the nature of selected characteristics of cases managed by the Air Force's Family Advocacy Programs in 1985. The primary focus of this research is the difference between cases which are determined to be established and those which are reported, but not substantiated. Therefore, data is needed on all cases reported, not just those on which you may have forwarded a Child Advocacy Committee Report to the Family Advocacy Program manager. Because there is currently no centralized office or agency which collects data on the variables which I am studying for all child sexual abuse cases reported to the individual military installations, it is necessary to collect this data from family advocacy personnel who are working with these reports.

This survey consists of two parts. The first is labeled "Family Advocacy Program and Child Sexual Abuse Case Information for Individual Bases". This form contains brief questions about you as the survey respondent, your base's Family Advocacy Program, the definition of child sexual abuse used at your installation and the numbers and status of child sexual abuse cases referred to your program in 1985. It is expected to take approximately ten to fifteen minutes to complete. Please complete this form even if your base had no child sexual abuse reports in 1985.

The second part of the survey addresses case characteristics of each child sexual abuse case reported in calendar year 1985. I have enclosed twenty-five of the forms labeled "Child Sexual Abuse Case Characteristics". Each of these forms is designed to be completed on a single child sexual abuse case. I have attempted to enclose more forms than are likely to be needed to try to ensure that you do not have to expend any additional effort to be able to report characteristics on each case. However, if additional forms are needed, I would be happy to supply them. You are requested to complete one of these forms for each case of child sexual abuse reported at your installation in 1985, using information from case files, when available, to help ensure accuracy of the data. The amount of time necessary to complete this portion of the survey will vary, depending on the number of reports received by your installation in 1985 and your familiarity with the cases; each of these forms is expected to take about five minutes to complete once you have reviewed the contents of the form.

I realize that for many this will be a burden on already overtaxed time schedules. However, I believe that the information you can provide will be invaluable in helping to differentiate between characteristics associated with likelihood of being reported for child sexual abuse versus likelihood of substantiated involvement in such abuse. Findings from this data are expected to help us to further enhance services to those involved in or affected by child sexual abuse.

This study has been approved by the Air Force (Survey Control Number USAF SCN 86-27). Again, the purpose of collecting this information is to test hypotheses and address research questions about child sexual abuse definitions, characteristics of child sexual abuse cases and differences in cases determined to be "suspected" and "established". The information will be used for statistical research only and no attempts will be made to identify individuals involved in child sexual abuse cases or those who complete this survey. Participation in the survey is voluntary. Each survey packet sent to Family Advocacy Officers has been numbered so that I can keep track of the survey return rate. I will be the only one to have information on which installations have returned completed surveys. This information will not be made available to anyone else.

Your participation in this survey is greatly appreciated. Please return the completed forms to me in the enclosed, stamped envelope by 26 March 1986. If you would like to receive a copy of the research findings, please send me a postcard so indicating at the following address: Capt Alice A. Tarpley
3184 Huntington Woods Blvd.
Tallahassee, FL 32303

Sincerely,

Alice A. Tarpley

ALICE A. TARPLEY, Capt, USAF, BSC, ACSW
Clinical Social Worker

Appendix F

Follow-up Letter to Survey

Non-Respondents



The Florida State University
Tallahassee, Florida 32306

School of Social Work

28 March 1986

Dear Family Advocacy Officer,

Approximately one month ago I sent all FAOs a packet containing a survey on "Definitions and Case Characteristics of Child Sexual Abuse in the Air Force". The survey was designed to address research questions about child sexual abuse definitions in use at the base level, characteristics of child sexual abuse cases and differences in cases determined to be "suspected" and "established".

To date, the survey return rate has been too low to allow any valid conclusions from the collected data. This has resulted in serious concerns about whether this research can be used in completing my dissertation requirements at the Florida State University School of Social Work. I believe that this research effort can contribute valuable information which we can all use to enhance Family Advocacy Program efforts in the child sexual abuse area.

Your base is one from which I have not yet received a completed survey. As I mentioned in my cover letter for the survey packet, the information needed for this study is only available from the individual base Family Advocacy Programs. Your participation in completing the survey is therefore essential to enable completion of this research project. Although I realize your schedule is already overtaxed, I would really appreciate if you or someone in your office could take a few minutes to complete the survey.

If you did not receive the original packet, or if you need another one, please drop me a postcard at the address listed below and I will ensure that one is sent to you.

Again, the study and survey have been approved by the Air Force (Survey Control Number USAF SCH 86-27) and are supported by the Office of the Surgeon General, Family Advocacy Program Manager.

Your assistance in participating in this study is greatly appreciated.

Sincerely,

Alice A. Tarpley

ALICE A. TARPLEY, Capt, USAF, RSC
Clinical Social Worker
3184 Huntington Woods Blvd.
Tallahassee, FL 32303

END

DTIC

11-86